Columbus Daylighting
Hydroexcavation

Customer Information Form

Business Contact Information			
Company Name			
Primary Contact	NAME	EMAIL	DIRECT CONTACT PHONE
Accounts Payable Contact	NAME	EMAIL	DIRECT CONTACT PHONE
Registered Company Address & Main Phone Number		Type of Business Entity [ ] Sole Proprietorship [ ]Partnership [ ] Corporation [ ] LLC [ ] Other _____	Date Business Commenced: How Long at Current Address?
Who is Authorized to Request Service?			
P.O.s Required? [ ] Yes [ ] No	ACH information requested? [ ] Yes [ ] No	Method of Payment [ ] ACH [ ] Check [ ] Credit Card	Please indicate special billing requests here:

Payment is due on receipt of invoice unless approved for a business credit account as indicated below. Claims arising from invoices must be made within seven days of receipt of invoice.

Signature	PRINTED NAME & TITLE	DATE

Please also attach a completed W-9.

[ ] Credit Terms Requested - please see next page

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- All invoices must be paid 30 days from the date of service
- By submitting this application, you authorize Columbus Daylighting to make inquiries into the business/trade references that you have supplied.

CREDIT APPLICATION			
Bank Name	DIRECT CONTACT NAME	DIRECT CONTACT EMAIL	DIRECT CONTACT PHONE
Credit Line Requested?		**Who should be contacted for late payment inquiries?**	
BUSINESS/TRADE REFERENCES			
Business Name	NAME & CONTACT	DIRECT CONTACT	DIRECT CONTACT PHONE
Business Name	NAME & CONTACT	DIRECT CONTACT	DIRECT CONTACT PHONE
Business Name	NAME & CONTACT	DIRECT CONTACT	DIRECT CONTACT PHONE

Signature	PRINTED NAME & TITLE	DATE