



SPYRAFLO, INC.
 P.O. Box 2309
 404 Dividend Drive
 Peachtree City, GA 30269
 Tel (770) 631-9990
 Fax (770) 487-9299

CUSTOMER QUESTIONNAIRE

Company Name _____ Shipping Address _____
 Billing Address _____
 _____ Phone _____
 Years in Business _____ Fax _____
 Corporation _____ Tax ID# _____
 Sole Proprietorship _____ Company principals _____
 Partnership _____ Projected Annual Purchases from Spyraflo _____
 Name of affiliated business(es) _____
 Accounts Payable Contact _____ Phone _____
 Email _____ Fax _____
 Purchasing Contact _____ Phone _____

Is a purchase order reference required for payment? _____
 What is your normal pay cycle? _____ (Date of invoice to date check is sent out)

Our terms require payment within 30 days from invoice date. Can you meet these terms? _____

You may attach your own information sheet for references, but please sign the release / acknowledgement at the bottom of this page and complete the top portion.

BANK REFERENCE _____ Acct. # _____
 Address _____
 City/State _____ Zip _____
 Contact _____ Phone _____

A minimum of three current trade references:

1. _____ 2. _____
 Phone _____ Fax _____ Phone _____ Fax _____
 3. _____ 4. _____
 Phone _____ Fax _____ Phone _____ Fax _____

By signing below; I confirm that I am authorized to sign for the above stated company, furthermore, I authorize the release of credit information, agree to pay according to the terms extended by Spyraflo, Inc. and to adhere to Terms of Sale as stated on the following page.

Authorized Signature _____ Title _____
 Print Name _____ Date _____