



PO Box 19249
 Charlotte, NC 28219
 Ph: 704-374-1500
 Fax: 704-333-5520
www.bowmanhollis.com

MANUFACTURING, INC.

Customer Contact Data

Company Name _____ Website _____

Purchases are: Subject to Sales Tax _____ Tax Exempt _____ For Resale _____ For Use in Manufacturing _____ For Non-Manufacturing Use _____
 If purchases are Tax Exempt or for Resale, a copy of the company's Exemption or Resale Certificate must be provided or we are obligated to charge sales tax.

Does company have multiple locations? _____ If yes, do all locations use the same Accounts Payable address and contact? _____

Preferred method of receiving invoices? USPS _____ Email to _____ Other _____

Contact Title	Contact Name	Mailing Address / Physical Address for Ship To	City, State, Zip	Phone #, Ext	Fax #	Email
Accounts Payable						
Purchasing						
Other						
Ship To 1						
If taxable, please provide	County		Inside or Outside City		Total sales tax rate at this address	
Ship To 2						
If taxable, please provide	County		Inside or Outside City		Total sales tax rate at this address	
Ship To 3						
If taxable, please provide	County		Inside or Outside City		Total sales tax rate at this address	

Please email this form to either: Andrea King (Georgia Office) aking@bowmanhollis.com or Elise Lawson (North Carolina Office) elawson@bowmanhollis.com.

PLEASE NOTE OUR CREDIT TERMS ARE NET 30 FROM THE DATE OF THE INVOICE

If paying by ACH or Wire, contact Allison Bowman at 704-374-1500 x-103 for bank information

Name _____ Signature _____ Date _____



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Credit References
(or submit a prepared credit reference list)

Contact Title	Contact Name	Mailing Address	City, State, Zip	Phone #, Ext	Fax #	Email

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