

AMG Printing & Mailing New Customer Profile

Please Print Legibly

Date: _____

Company Name: _____

Bill To

Address: _____ Phone: _____

City: _____ County: _____

State: _____ Zip+4: _____

Contact Name: _____ Tax ID #: _____

Phone Number: _____

Fax Number: _____

Ship To

Address: _____ Phone: _____

City: _____ County: _____

State: _____ Zip+4: _____

Contact Name: _____ Tax ID #: _____

Phone Number: _____

Fax Number: _____

Type of Business: _____

|

Company Name: _____

Signature: _____

Print Name: _____ Title: _____

If you are Tax Exempt or if your purchase is for Resale please attach the proper completed certificate.

Email to aaron@amgprinting.com