



Accounting Information Sheet
Form Number CFF12-002

Company Type (Check One) Corporation Partnership Proprietorship Federal ID# _____

Company Name
(as it should appear on invoice) _____

Billing Address _____

Shipping Address _____

Other Information
(i.e. area of plant, location, special billing instructions)

Bank Institution Name _____

Bank Address _____

Bank Phone Number(s) _____

Point-Of-Contact	Name	Phone Number	Fax Number	Email Address
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Accounts Payable Contact _____

Alternate Accounting Contact _____

Sales Tax Status Sales Tax Exempt (Tax Exempt # _____). Please include tax certificate

Charge Sales tax at _____ %

Credit Reference 1 _____ Phone Number _____

Credit Reference 2 _____ Phone Number _____

Customer, Sales Rep, or Customer Service Rep Signature	Title	Date
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Fax Completed Form to Customer Service:
Polymer Equipment Cleaning Division, 803-418-9796
Indoor Air Quality Division, 803-775-6190

Or Mail To:
Carolina Filters, Inc.
Attn: Customer Service
Post Office Box 716
Sumter, South Carolina 29151
803-773-6842

CAROLINA FILTERS, INC. USE ONLY

Division 1 (Pack) Division 2 (PEC) Division 3 (IAQ) CFI Contact _____ Customer # _____

(CFI Internal) Sort Name _____ Existing Customer, Update New Customer

Initial Credit Limit \$ _____ Terms _____ Approved _____ Date _____