

CUSTOMER INFORMATION FORM



433 OFIELD ROAD SOUTH ~ DUNDAS, ON ~ L9H 5E2 ~ PH: 905-628-3344 ~ FX: 905-628-3280

Please fill out the following information and return to your T. Litzen Sports associate as soon as possible to insure prompt attention to your needs

ACCOUNT NAME
(I.E. TEAM, BUSINESS, ETC.) _____

SALES REP: _____

SCHOOL - ELE/SEC: _____

TEAM/LEAGUE: _____

COMPANY: _____

ADDRESS: _____

CITY: _____

PROVINCE: _____

POSTAL CODE: _____

PHONE 1: _____

EXT: _____

PHONE 2: _____

EXT: _____

FAX: _____

E-MAIL: _____

CONTACT PERSON: _____

PAYMENT METHOD: (CHECK BELOW)

CREDIT CARD: _____

NUMBER: _____

EXP: _____

CHEQUE: _____

CASH: _____

IS A PURCHASE ORDER NUMBER REQUIRED BY YOU WHEN ORDERING?

IS PURCHASING LIMITED TO A PARTICULAR PERSONS?

(IS YES, PLEASE INDICATE NAMES OF AUTHORIZED BELOW)

SPECIAL REQUESTS / COMMENTS: