

Confidential Customer Data Sheet

Legal Name:	
	Website:
	Fax # ()
Street Address	
City/State/Zip:	ip () Partnership () Corporation D&B #
Will you provide financial statements?	Address:
	should the form be emailed to?
	o should the form be emailed to:
PERSONNEL	
Controller:	
A/P Contact:	Email:
SUIDDUIED DEEEDENICES DECULIDED _ (4) LAPGEST	VOLUME TRADE REFERENCES
(1) Name:	
Street Address:	
City/State/Zip:	
Email:	
Fax: ()	Fax: ()
(3) Name:	(4) Name:
Street Address:	
City/State/Zip:	
Email:	
Fax: ()	
PREFERRED METHOD OF PAYMENT	
https://www.ufpi.com/literature, which control any transaction cocompany. Finally, I consent to your collection, retention, and use of my company's account, to collect any amounts owed, and for other policy#location g=0 0&location o=Distance%2CAscending. I under credit will be revoked if I make such a request. I understand that fo Statement.	, I also acknowledge receipt of, and agree to be bound by, the Terms and Conditions of Sale found at ontemplated by this document in the absence of a written agreement executed by both us and your of my and my company's information to determine whether to offer my company credit, to administer related uses identified in the Privacy Statement found at https://www.ufpi.com/privacy-erstand that I can request the deletion of my and my company's information at any time, but that our or more information on how my and my company's information is protected, I can review the Privacy
(x)	
Signature	Date
UNIVERSAL INTERNAL USE ONLY	
	Sales Code:
Plant Number:	
Date:	Order Pending: