

## **CUSTOMER INFORMATION**

Return via email: <a href="mailto:accounting@rushingplumbing.com">accounting@rushingplumbing.com</a> or fax: (901) 360-8340 \*\*\*For businesses with multiple companies, please return separate forms for each company.

CUSTOMER ACCOUNT INFORMATION										
Company Name	DBA Name		Fed ID Number			Years in Business		Today's Date		
Current Address		City		State		Р	Postal Code			
Email Address			Business Phone Number N			No. of Employees				
Littali Address			business i floric ivalities:			NO. OI LIII	vo. or Employees			
Type of Business: (please check)	Sole Proprietor Partnership		Limited Liability Company Corp			oration Gov.				
Type of Busiliess. (please check)		Partifership			Oration	☐ Gov.				
Industry Type:										
						State Postal				
Management Company (if available)	Management Address		City			Sta		ite	Postal	
BILLING INFORMATION										
Billing Address		City		State	Postal Code					
Billing Contact	Title		Email Address			Contact Phone Number				
ADDITIONAL CONTACTS										
Contact Name	Title		Email			Phone Number				
contact Name	1100		Email				Thore Number			