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601 S. HARBOR BLVD. • LA HABRA , CA 90631 PH. (562) 690-1000 • FAX (562) 690-3700 WWW.DANGELOCOMPANY.COM			
Company Name:			
Street:			
City:	State:	Zip:	
Phone:	Fax:		
Tax ID #:			
Authorized Buyers / Credit Limit: (y	you can specify a unique	e credit limit by buyer)	_
1:	/ \$		
2:	/ \$]
3:	/ \$]
Primary Contact:			
Name:	Phone:	Email:	
Accounts Payable Contact:			
Name:	Phone:	Email:	
NAICS/SIC #:			
D & B #:			
Would you prefer your invoices sen	t via fax or email:	FAX E-MAIL	
Which action would you prefer for u	is to take when items are	e backordered?:	
Cancel B/Os Give me a call a	as items come in	Give me a call when complete	
Ship items as available	Ship order complete		
Do you require a PO on every order	? 🗌 Yes 📃	No	
Would you like substitutes suggeste	d to you if we are unable	e to ship the product you requested?	Yes
Do you have an alternate billing add	lress you would like us t	to send invoices and statements to?	Yes

Is there any special request or message you would like your customer service representative to know about when you place an order? Yes:

provide us with a cross reference list on separate document.

If you would like to supply us with a list of contacts within your company we can add this to our system under your account. Please provide us with: Full Name, Title, Phone, Extension, and Email address.

Do you have a web site? Yes

If we offered you with a way to place orders through our web site, would you use it? Yes No