



Customer Information Form

All information must be completed.

NEW Customer

CHANGE/UPDATE Customer

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____

Email: _____

Phone: _____ Fax: _____

A/P Contact: _____

A/P Email: _____ Phone: _____

Terms: _____ Credit Limit: _____

AZ ROC#: _____ AZ TPT#: _____

Necessary Attachments from Vendor:

- Arizona Resale Certificate Form 5000
- Insurance Certificates - forward to credit@heldtlumber.com
- Credit Application - *optional*

If you have any questions regarding completion of this form, please contact:

Kathy Simons
Heldt Lumber Company
kathy@heldtlumber.com
602.277.3378 office | 602.2266.6241 fax