



GREEN RUBBER-KENNEDY AG
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INFORMATION REQUEST

DATE: ____/____/____

FIRM NAME: _____ CORPORATION PARTNERSHIP PROPRIETORSHIP

BILLING ADDRESS: _____ CITY _____ STATE _____ ZIP _____

SHIPPING ADDRESS: _____ CITY _____ STATE _____ ZIP _____

PHONE (____) ____ - _____ FAX (____) ____ - _____

DUNS #: _____ FEDERAL ID NO.: _____

WEBSITE ADDRESS: _____

CONTACT NAMES:

PURCHASING _____ PHONE (____) ____ - _____ EMAIL _____

ACCOUNTING _____ PHONE (____) ____ - _____ EMAIL _____

MANAGEMENT _____ PHONE (____) ____ - _____ EMAIL _____

TYPE OF BUSINESS: (BRIEFLY DESCRIBE WHAT YOUR COMPANY DOES): _____

PARENT COMPANY NAME: _____

ADDRESS:

_____ CITY _____ STATE _____ ZIP _____

STATEMENTS: Emailed Email Address to send statements: _____

Mailed

SPECIAL INSTRUCTIONS:

MERCHANDISE TAXABLE(Y/N): _____ MERCHANDISE RESALE(Y/N): _____

RESALE NUMBER (CARD MUST BE ATTACHED) _____ PURCHASE ORDER REQUIRED(Y/N): _____

SIGNATURE _____ DATE ____/____/____