

DENVER ATHLETIC NEW CUSTOMER INFORMATION SHEET.

Please download and save this form before filling out. Once completed, click save and send to Alyson@denverathletic.com All information will be kept in strict confidence.

TODAYS DATE	
ACCOUNT NAME (Business/Team Name)	
MAIN CONTACT PERSON (First/Last Name)	
POSITION/TITLE	
EMAIL ADDRESS	
PHONE #	
BILL TO CONTACT	
POSITION/TITLE	
EMAIL ADDRESS (IF DIFFERENT FROM ABOVE)	
BILL TO PHONE # (IF DIFFERENT FROM ABOVE)	
BILL TO ADDRESS	
CITY	
STATE	
ZIP	
SHIP TO ATTN/CONTACT	
SHIP TO ADDRESS (IF DIFFERENT FROM ABOVE)	
CITY	
STATE	
ZIP	
TAXABLE YES/NO	
TAX EXEMPT #	
SALESPERSON	
TERMS	COD - See note below.
PO REQUIRED YES/NO	
AUTHORIZED TO PURCHASE (if applicable)	
CREDIT CARD # FOR PAYMENT	CALL WITH DETAILS - 303.761.7773



*** PLEASE NOTE: We require 1/2 down for all orders, and the remaining balance must be paid for at the time of completion/delivery. We appreciate your help and understanding so we can continue to serve you for years to come. ***

Thank you in advance and stay well!