

DENVER ATHLETIC NEW CUSTOMER INFORMATION SHEET.

When completed, click save and send to cindi@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 - Custom orders require 1/2 down. Final payment due upon pick up.

PO REQUIRED YES/NO

AUTHORIZED TO PURCHASE (if applicable)

CREDIT CARD # FOR PAYMENT

CALL WITH DETAILS - 303.761.7773

