

Customer Information Sheet

Business Name:						
Billing Street Address:						
City:			Sta	ate:	Zip Code:	
Phone Number:			Fa:	x Number: _		
EIN #:			Fiscal Year E	nd Month:		
Accounts Payab	ole Contact Nan	ne:		/		
Accounts Payable Phone Number:						
Alternate Accounts	s Payable Conta	ct:				
Alternate Accounts Payabl	e Phone Numb	er:				
Accept I	nvoices Via Ema	ail : Yes N	lo			
If Yes, Please Provi	de Email Addre	ess:				
Credit Terms Requested?	Yes No	Credit Amou	unt Requested:		Existi	ng Customer
Preferred Payment I	Method:	Credit Card	Check		ACH/EFT/Wire	
Do you have a separate	e form to sign u	p for ACH/EFT/V	Nire payments (i	if applicable	e*): Yes	No
*If applicable, please include the form or provide the link to access the information:						

Please remit checks to our corporate office located in Anchorage Alaska:

The Chariot Group Inc. 3120 Denali Street, Suite 1 Anchorage, AK 99503 907-222-5300

Please send this information back to us via mail at the address above, via fax at 907-222-7641, or via email at ar@chariotgroup.com.