



## GRYPHON MOULDING

7089 BELGRAVE AVE.  
GARDEN GROVE, CA.

TEL: 1-800-277-2161  
LOCAL TEL: 1-714-894-7151  
FAX: 1-800-277-2162  
LOCAL FAX: 1-714-894-7436

### C.O.D. or CREDIT CARD ACCOUNT CUSTOMER INFORMATION FORM

#### COMPANY INFORMATION

Legal Form In Which Business Operates:					
Corporation <input type="checkbox"/>		LLC <input type="checkbox"/>		Partnership <input type="checkbox"/>	
Proprietorship <input type="checkbox"/>					
If Division/Subsidiary, Name of Parent Company				In Business Since:	
Name of Company Principal Responsible for Business Transactions:				Title:	
Address	City	State	Zip	Tel.	Fax
Name of Company Principal Responsible for Business Transactions:				Title:	
Address	City	State	Zip	Tel.	Fax

#### SHIP TO INFORMATION (if different from above)

Last:	First:	Middle Initial:	Title
Name of Business:			Sales Tax I.D. Number
Address:			
City:	State:	Zip:	
Telephone:	Fax:	Email:	

#### METHOD OF PAYMENT

I PREFER TO RECEIVE MY ORDERS C.O.D.	<input type="checkbox"/>
I PREFER TO RECEIVE MY ORDERS CHARGED TO CREDIT CARD	<input type="checkbox"/>

#### CREDIT CARD INFORMATION

CREDIT CARD TYPE:	VISA <input type="checkbox"/>	MC <input type="checkbox"/>	AMEX <input type="checkbox"/>	DISCOVER CARD <input type="checkbox"/>
NAME AS IT APPEARS IN THE CARD:				
CC NUMBER:	EXP. DATE:	CC SECURITY CODE #		
BILLING ADDRESS:			ZIP	

By signing this customer information form, I hereby certify that the information contained herein is complete and accurate and I acknowledge that this information will be used for establishing a Credit Card Account with Gryphon Moulding.

SIGNATURE:

DATE: