



Delivery and Sales Information

Business Name: \_\_\_\_\_

Owner/Manager Name: \_\_\_\_\_

Delivery Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Accounts Payable Contact Name: \_\_\_\_\_

If Statement/Mailing address is different from above please fill out the following information.

Statement Address: \_\_\_\_\_

Accounts Payable Phone Number: \_\_\_\_\_

Accounts Payable Fax Number: \_\_\_\_\_

Accounts Payable Email: \_\_\_\_\_

Have specials sent as an email or a text. Fill out below for all your techs to be informed.

NAME	CELL NUMBER OR EMAIL ADDRESS

FAX BACK TO 609-396-6330  
EMAIL BACK TO JENNIFER@CM-AUTOPARTS.COM