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**CUSTOMER INFORMATION/CHANGE FORM**

**\*\*\*This form is only to be filled out by customers interested in establishing COD terms or using a credit card\*\*\***

**ALL FIELDS ARE MANDATORY**

**“SHIP TO” MUST BE PHYSICAL ADDRESS**

**BILL TO:**

BUSINESS \_\_\_\_\_  
STORE # \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_  
STORE CONTACT \_\_\_\_\_  
PHONE \_\_\_\_\_  
CELL PHONE \_\_\_\_\_  
FAX \_\_\_\_\_  
EMAIL \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
A/P CONTACT \_\_\_\_\_  
PHONE \_\_\_\_\_  
INVOICES BY EMAIL YES \_\_\_\_\_ NO \_\_\_\_\_  
FAX \_\_\_\_\_  
EMAIL \_\_\_\_\_

Yes, please send me discount and special offer information on product and equipment.  No, do not send me emails.

OWNER/OPERATOR \_\_\_\_\_

MODEL # \_\_\_\_\_ SERIAL # \_\_\_\_\_

DO YOU REQUIRE A PURCHASE ORDER # ? YES \_\_\_\_\_ NO \_\_\_\_\_

COMPLETED BY: \_\_\_\_\_

**Any credit card that is kept on file will be automatically charged for all future orders**

Card Number _____	3-Digit Code: _____	Exp. Date _____
Cardholder Name _____		
Street Address _____		Zip Code _____
Cust # _____	Invoice # _____	Amount _____
Caller Name/ _____		Email _____
Signature Capture # _____		
<b>Would you like this card number put on file?</b>		<b>Yes / No</b>

**TO BE FILLED OUT BY A/R PERSON ONLY**

DATE \_\_\_\_\_

CREDIT APP./TAX EXEMPT LETTER SENT \_\_\_\_\_ CUST # \_\_\_\_\_

COUNTY CODE/SALESMAN \_\_\_\_\_ TERMS \_\_\_\_\_ CUST. PREFERS C.O.D. \_\_\_\_\_

CUSTOMER INFORMATION/CHANGE