



customer information

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

e-mail: \_\_\_\_\_

Telephone Number 1: \_\_\_\_\_

Telephone Number 2: \_\_\_\_\_

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

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Website: \_\_\_\_\_

Resale Tax Identification Number: \_\_\_\_\_

Shipping Address (if different than billing): \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Credit Card Info:

Type:       Amex       Visa       Mastercard

Name on Card \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Please verify that all information above is correct and sign and date this form. Please fax back this form and mail the original to:

Nuvite

Attention: Customer Service

210 South Beck Avenue

Chandler, Arizona 85226

Fax: 480.558.4689

Customer Service: 866.558.4688

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_