

# W2P ACCOUNT INFO



Please return a copy of your Resale or Tax Exemption Certificate with this application.

## GENERAL INFORMATION

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

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Shipping Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

CPCneutek Sales Rep: \_\_\_\_\_

## CONTACT INFORMATION

Primary Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

AP Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## SALES TAX LIABILITY

Tax Exempt? \_\_\_\_\_ If yes, please state why: \_\_\_\_\_

Tax Exemption /  
Resale Number: \_\_\_\_\_

