



# KOJAK

GRAPHIC COMMUNICATIONS, INC.

Phone 410.751.2255

Fax: 410.505.8445

Email: [accounting@kojakgraphics.com](mailto:accounting@kojakgraphics.com)

## CUSTOMER INFORMATION FORM

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

Business Address \_\_\_\_\_

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

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Corporation  Partnership  Proprietorship

Telephone # (\_\_\_\_) \_\_\_\_\_

Tax Exempt # (if applicable) \_\_\_\_\_

Fax # (\_\_\_\_) \_\_\_\_\_

Please provide copy of tax exempt certificate

Email \_\_\_\_\_

### Bank References

Bank Name

Address

Telephone Number


### Trade References

Name, Address, City, State, Zip, Telephone, Fax

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

### Company Officers

Name

Title

Years With Firm


I authorize and approve Kojak Graphic Communications, Inc. to request credit information on our firm.

Customer Name (please print) \_\_\_\_\_ Customer Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

**PLEASE COMPLETE THIS FORM & FAX OR EMAIL TO KOJAK GRAPHIC COMMUNICATIONS, INC.**

**Email: [accounting@kojakgraphics.com](mailto:accounting@kojakgraphics.com) Fax: 410.505.8445**