



9743 Cherry Ave. • Fontana, CA 92335 • (909) 574-0661 • Fax. (909) 574-0666 • anothermobile@earthlink.net

Please complete this form and fax back or return to the above address.

Company Name:

Phone: _____ Fax: _____ E-mail: _____

Primary business address: _____

City: _____ State: _____ ZIP Code: _____

Maintenance or Shop Contact:

Phone: _____ Fax: _____ E-mail: _____

Accts. Payable Contact:

Phone: _____ Fax: _____ E-mail: _____

Accts Payable Address (If different from above): _____

City: _____ State: _____ ZIP Code: _____

BUSINESS AND SALES TAX INFORMATION

Date Business Commenced:

Sole proprietorship Partnership Corporation Other: _____

Tax Exempt? Yes No

SPECIAL INSTRUCTIONS: (i.e. Mail Inspections to Corporate Address, PO # needed, Fax Invoices for payment, etc.)

AGREEMENT:

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.

SIGNATURES

Sign Here: _____ Title: _____ Date: _____

Sign Here: _____ Title: _____ Date: _____