



Su Outlet de Tintas para su Printer, Copier y Fax

Corporate Profile

Company Name:

Account Number:

Purchase Dept. Manager's Name:	Phone:
Email:	Fax:

CUSTOMER INFORMATION

Proprietorship	Partnership	Corporation	Non-Profit or L.L.C.
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Purchasing Information

Contact Name:	Is PO Required?	NO	YES
Telephone 1:	Fax:		
Telephone 2:	E-mail:		

Accounts Payable Contact

Payer Name:	Job Title:
Telephone 1:	Fax:
Telephone 2:	E-mail:

Payment Terms:

Billing Address	Ship Address
Bill-To Contact:	Ship-To Contact:
Address:	Address:

Mr. Ink of Puerto Rico
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THANK YOU!