VIDEO AIDED INSTRUCTION®

customer information form

contact info

full name of organization:	
web address:	
billing address:	shipping (street) address (*if different*):
accounts payable contact: title: phone: fax: e-mail:	order processing contact: title: phone: fax: e-mail:
warehouse/receiving contact: title: phone: fax: e-mail:	acquisitions contact: title: phone: fax: e-mail:
company officer (*primary*): title: SSN: phone: fax: e-mail:	company officer (*secondary*): title: SSN: phone: fax: e-mail:

business info

full name of parent company: (*if subsidiary*)		
primary business of organization:		
primary markets:		
type of organization: (*check one*) ❍ corporation ❍ general partnership ❍ limited partnership ❍ sole proprietorship		
date established: in which state?		date incorporated: in which state?
federal i.d. #:		dun & bradstreet (D-U-N-S) #:
# of employees:	# of locations:	prior year's gross revenues:

banking references

banking institution (*primary*): branch: account #: address: contact person: phone: fax:	banking institution (*secondary*): branch: account #: address: contact person: phone: fax:

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customer information form *(continued)*

trade references

trade reference (#*1*): does this company buy goods or services from you? Y N does this company sell goods or services to you? Y N address: contact person: phone: fax: e-mail:	trade reference (#*2*): does this company buy goods or services from you? Y N does this company sell goods or services to you? Y N address: contact person: phone: fax: e-mail:
trade reference (#*3*): does this company buy goods or services from you? Y N does this company sell goods or services to you? Y N address: contact person: phone: fax: e-mail:	trade reference (#*4*): does this company buy goods or services from you? Y N does this company sell goods or services to you? Y N address: contact person: phone: fax: e-mail:
trade reference (#*5*): does this company buy goods or services from you? Y N does this company sell goods or services to you? Y N address: contact person: phone: fax: e-mail:	trade reference (#*6*): does this company buy goods or services from you? Y N does this company sell goods or services to you? Y N address: contact person: phone: fax: e-mail:

statement *(please read carefully and sign below)*

With my signature below, I hereby certify that the information I have provided in this form is correct to the best of my knowledge and belief.

signature:	date:
name (*printed*):	title:

mail or fax your completed Customer Information Form to:

New Customer Accounts
Video Aided Instruction, Inc.
485-34 South Broadway
Hicksville, NY 11801-5071
fax: 516-935-5552

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