



STRAIGHT SHOT EXPRESS  
P. O. BOX 371  
NEENAH WI 54957

CUSTOMER INFORMATION SHEET  
(Please fax to 920-886-0316)

COMPANY NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
DBA: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

BUSINESS FORM: INCORPORATED \_\_\_\_\_ OTHER \_\_\_\_\_

BILL TO  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_  
ZIP: \_\_\_\_\_

ACCOUNTS PAYABLE CONTACT:  
PERSON: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

BANK REFERENCE:  
BANK NAME: \_\_\_\_\_  
CONTACT: \_\_\_\_\_ PHONE # \_\_\_\_\_

CREDIT REFERENCES:

COMPANY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

COMPANY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

COMPANY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_  
DATE: \_\_\_\_\_