



New Customer Form / Update Customer Information

Please fill out and return with attached proposal or email Quality Fence accounts receivable.

Company Name: _____

Job Site Address: _____

City: _____ State: _____ Zip: _____

Billing Address: _____

(if different)

City: _____ State: _____ Zip: _____

Contact Name: _____ Cell: () _____ - _____

Office Phone: () - _____ Email: _____

Accounts Payables Name: _____

AP Email: _____

Please send a current reseller permit or you will be charged sales tax at time of service.

AR Dept: Terry May & Melissa Williams **Email:** tmay@quality-fence.com or melissa@quality-fence.com

Contractor's Lic No: QUALIFB107DF WBE: W2F0026123

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