



5456 Peachtree Blvd #529
Atlanta, GA 30341

Date _____

Legal Entity Name _____

DBA _____

Address _____

Street Address _____ Suite _____

City _____ State _____ Zip Code _____

Phone Number _____ Fax Number _____

Website _____

Billing Information

AP/AR Contact Name _____

AP/AR Address if different from above. _____

Street Address _____ Suite _____

City _____ State _____ Zip Code _____

Phone Number _____ Fax Number _____

AP/AR Email _____

Shipping Contact

Shipping Contact Name _____

Shipping address if different from above _____

Street Address _____ Suite _____

City _____ State _____ Zip Code _____

Phone Number _____ Fax Number _____

Receiving Email _____

**PLEASE RETURN THIS DOCUMENT ALONG WITH YOUR W-9 AND 2 TRADE REFERENCES TO
JENNI.EASTON@CASAMBI.COM**