

CUSTOMER DATA SHEET



Thank you for partnering with TASC0. In order to facilitate your purchasing of TASC0 products from Gateway Safety, please complete ALL sections of this document and return to us, along with a copy of your organization's State Resale Certificate, to INFO@GatewaySafety.com. If it contains the same information, you are welcome to send us your company's own Data Sheet. Any questions or comments? Feel free to contact our customer service department at 800-822-5347. Thanks!

GENERAL INFORMATION

TYPE OF BUSINESS: (Please Check One) <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Other: _____	NATURE OF BUSINESS: (Please Check One) <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;"><input type="checkbox"/> General Industrial Supply</td> <td style="width: 33%; border: none;"><input type="checkbox"/> Construction Supply</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Farming Supply</td> <td style="border: none;"><input type="checkbox"/> First Aid/Fire Supply</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Medical/Dental Supply</td> <td style="border: none;"><input type="checkbox"/> Rental Supply</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Safety Supply</td> <td style="border: none;"><input type="checkbox"/> Sporting Supply</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Tool/Fastener Supply</td> <td style="border: none;"><input type="checkbox"/> Welding Supply</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Other: _____</td> <td style="border: none;"></td> </tr> </table>	<input type="checkbox"/> General Industrial Supply	<input type="checkbox"/> Construction Supply	<input type="checkbox"/> Farming Supply	<input type="checkbox"/> First Aid/Fire Supply	<input type="checkbox"/> Medical/Dental Supply	<input type="checkbox"/> Rental Supply	<input type="checkbox"/> Safety Supply	<input type="checkbox"/> Sporting Supply	<input type="checkbox"/> Tool/Fastener Supply	<input type="checkbox"/> Welding Supply	<input type="checkbox"/> Other: _____	
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<input type="checkbox"/> Other: _____													

Sales Associate
Use Only

Date:

Business Code:

CONTACT INFORMATION

Company Name:	PLEASE CHECK ONE: <input type="checkbox"/> New Customer <input type="checkbox"/> Change To Existing Customer	
Main Contact:	Purchasing Contact:	Accounting Contact:
Main Phone:	Purchasing Phone:	Accounting Phone:
Main Fax:	Purchasing Fax:	Accounting Fax:
Main E-mail:	Purchasing E-mail:	Accounting E-mail:
Corporate Web Site:		

Sales Associate:

Gateway Safety
Office Use Only

Billing Address:		
City:	State:	Zip:

Shipping Address:		
City:	State:	Zip:

CREDIT REFERENCE INFORMATION

Company Name #1:	Contact Name:
Contact Phone:	Contact Fax:
Company Name #2:	Contact Name:
Contact Phone:	Contact Fax:
Company Name #3:	Contact Name:
Contact Phone:	Contact Fax: