



Company and Contact Information

Company:

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Website: _____

Principal of Company:

Authorized Purchasing Agent(s):

Contact Name:

Phone: _____ Fax: _____

Email: _____

Federal Tax ID Number:

Accounts Payable Contact:

Billing Address:

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

iPoint Contact: Rachel Shivers Crunk

rshivers@tscharleston.com

Phone: 843-745-0045

Fax: 843-745-0550