



WILL CALL FORM

(WCF)

DATE: _____

CUSTOMER SERVICE REP: _____

Account Information

Individual Business (Circle One)

LEGAL NAME: _____

BILL TO NAME: _____

ADDRESS: _____ STATE: _____ ZIP: _____

CITY: _____

PHONE: _____ ALT PHONE: _____

TYPE OF BUSINESS/INDUSTRY: _____ (Example: Hospital, School, Contract Cleaner etc.)

PREFERRED FORM OF CONDUCT:

EMAIL: _____

FAX: ATTN: _____ @ FAX # _____

CALL CELL PHONE: _____

TEXT CELL PHONE: _____

***All**

customer setup will be COD, payment in full before order can be received.

Keep my card on file for future purchases: (Credit Card Authorization Form signature is needed)

CUSTOMER SIGNATURE: _____ **DATE:** _____

PRINT SIGNATURE: _____ **DATE:** _____

Detroit: 1801 Howard Street, Detroit, MI 48216 ph 313.230.0770 fax 313.230.0771

Toledo: 3151 Hill Ave Toledo, OH 43607 ph 419.867.7722 fax 419.867.3377

