



### 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

**Grand Rapids:** 3919 N Greenbrooke Dr SE, Grand Rapids, MI 49507 ph 800.968.4278 fax 616.245.2632

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

