



## UPDATED INFORMATION-CASH

### GENERAL INFORMATION

Company Name: \_\_\_\_\_

Telephone # : (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Shipping Address \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_ Zip: \_\_\_\_\_

Mailing (if different): \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_ Zip: \_\_\_\_\_

Nature of Business: \_\_\_\_\_ Date Established: \_\_\_\_/\_\_\_\_/\_\_\_\_

Corporation: \_\_\_\_\_ Date Inc.: \_\_\_\_/\_\_\_\_/\_\_\_\_ State: \_\_\_\_\_

Sales Tax Number: \_\_\_\_\_ State: \_\_\_\_\_

Federal ID Number: \_\_\_\_\_ SSN: \_\_\_\_\_

Contractor's Number: \_\_\_\_\_ Type: \_\_\_\_\_

Do you require a P.O.?  Yes  No

Email Address: \_\_\_\_\_

### INFORMATION ON PRINCIPLES OF BUSINESS

\_\_\_\_\_  
Name Address City State Zip

\_\_\_\_\_  
Name Address City State Zip

\_\_\_\_\_  
Name Address City State Zip

I hereby certify that the above information is true to the best of my knowledge, and grant BSI permission to investigate and solicit information regarding the above named company and/or officers or owners

\_\_\_\_\_  
Signature Title Date