



KIKGARD

P.O. Box 692113 / Houston, TX 77269-2113
www.kikgard.com / Phone: 281-357-5770
Email: sales@kikgard.com / Fax: 281-516-0726

SUPPLIER INFORMATION FORM

Office Hours are 9:00am – 4:00pm Monday through Friday

Company Name: _____

DBA if different: _____

Federal Tax ID: _____ D&B ID if applicable: _____

Mark one: Corporation Partnership Sole Proprietorship

Company Phone: _____ Company Fax: _____

Company Email: _____ Company Website: _____

Billing Address: _____ Shipping Address: _____

Billing Phone: _____ Billing Fax: _____

Who should we contact for billing questions? _____

Who at your company location is authorized to place orders? _____

Shipping Phone: _____ Shipping Fax: _____

Confirmation Email: _____

Payment Terms: *All payments for orders received are due in full to be received into our office on a net 30-day basis.*

Make Payments to: **KIKGARD, Inc.** Phone: 281-357-5770
P.O. Box 692113 FAX: 281-516-0726
Houston, TX 77269-2113 email: sales@kikgard.com

Company's Agreement: _____ Date: _____

Authorized Signature [must be authorized to agree to this document]

Please Print Full Name: _____ Title: _____

KIKGARD, Inc. Acceptance: _____ Title: _____

Authorized Signature _____ Date: _____