

## Customer Contact Update Form

## **Company Info**

Company Name	
City, State, Zip	
Website	
Sales Tax Exempt	Yes, please attach certificate No Sales Tax ID #

## Main Contact Info

## **Billing Contact Info**

Name	Name	
Address	Address	
City, State, Zip	City, State, Zip	
THORE		
Fax	Fax	
Email	Email	
Website	Website	
Sales Tax ID #	Sales Tax ID #	
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Billing same as main contact info