

**The Caster Store Inc. (TCS Industrial Equipment)**  
**21 Longview Industrial Court, Suite 100 - Alabaster, AL 35007**  
**Phone: 205-620-2460 - Fax: 205-620-2466**

Thank you for choosing The Caster Store as a vendor. We ask that you provide the following information and return to us as soon as possible via our fax number. We look forward to providing your caster and material handling needs. The Caster Store's terms are Net 30.

**Account Information**

Company \_\_\_\_\_

Billing Address \_\_\_\_\_

Shipping Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ County \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Accounts Payable Contact \_\_\_\_\_ Type of Business \_\_\_\_\_

Bank Name \_\_\_\_\_ Address \_\_\_\_\_

Phone # \_\_\_\_\_ Contact \_\_\_\_\_

Preferred LTL Carrier Truckline \_\_\_\_\_

**Trade References**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Will your purchase be taxable:  YES  NO Type of exemption: \_\_\_\_\_

If special sales tax rate please indicate rate: \_\_\_\_\_%State \_\_\_\_\_%City \_\_\_\_\_%County

Please provide The Caster Store with your tax exemption # and a copy of your certificate if purchases are exempt or subject to a special tax rate.

I do hereby certify that the information provided herein is correct to the best of my knowledge and I authorize The Caster Store to verify credit information on our company.

Name \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_