



** Please fill out this form and fax back to Slipper Hut & Co. Thank you very much!*

Customer Contact Information Form

Company Name _____

Billing Address

Street / P.O. Box _____

City, State, Zip _____

Shipping Address (if different from the BILLING ADDRESS)

Street / P.O. Box _____

City, State, Zip _____

Buying/Purchasing Contact Name & Title _____

Phone Number _____

Fax Number _____

e-mail _____

Accounts Payable Contact Person & Phone no.:

This form completed by: _____

Title: _____

Date: _____