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(dba Ocean Potion Sunscreen) / (dba Sun-Shack.com)

New Customer Information Form

PLEASE INCLUDE A COPY OF YOUR ANNUAL RESALE CERTIFICATE & W-9 WITH THIS COMPLETED FORM
IF THE RESALE CERTIFICATE IS NOT RECEIVED – TAX WILL BE ADDED TO INVOICES

Customer's Legal Name: _____

D/B/A Name (If any): _____

Corporate Federal Identification Number: _____

Sales Tax Identification Number: _____ State of: _____

Service Address: _____

City, State, Zip: _____

Telephone Number: _____ ext. _____ Fax Number: _____

Billing Address: _____

City, State, Zip: _____

A/P Contact Name: _____

A/P Telephone Number: _____ ext. _____ Fax Number: _____

E-mail address: _____

Owner's Name: _____

Owner's Home Address: _____

City, State, Zip: _____

Telephone Number: _____ ext. _____ Fax Number: _____

Our Credit Terms:

Net 30 days from date of invoice. 18 % APR charged to **ALL** balances over 90 days, unless special terms have been pre-authorized by **SandBoxx Group /dba Ocean Potion Sunscreen / dba Sun-Shack.com**.

A \$25.00 fee per check will be charged for any NSF check returned to our office.

Payment Method: Payment with order **CASH** Only Credit Card Only Terms N30
(Check or Credit Card)

Authorized Signature

Date

Title

Print Name: