



Arizona Complete Candy & Tobacco

6020 North 55th Avenue Glendale, AZ 85301

P: (800)659-4060 F: (800)695-8435

www.ArizonaComplete.com

Updated Customer Information

Account Name: _____ Customer No.: _____

Your Payment Terms are determined by AZC based on payment history and other factors

Billing/Mailing Address: *This is the address where we will send invoices and credit memos. If you are currently using our electronic system please still complete this section.*

Address: _____ Suite _____

City: _____ State: _____ Zip: _____

Physical Address for Deliveries: *This is the physical address you will receive your deliveries.*

Address: _____ Suite _____

City: _____ State: _____ Zip: _____

Primary Contact Information: *Who is the person placing your weekly orders, or will be present at the time of delivery?*

Order Contact Name: _____

Phone Number: _____ Fax: _____

Email: _____

Receiver Contact Name: _____

Phone Number: _____ Fax: _____

Email: _____



Arizona Complete Candy & Tobacco

6020 North 55th Avenue Glendale, AZ 85301

P: (800)659-4060 F: (800)695-8435

www.ArizonaComplete.com

Accounting Contact Information: *If there are question in regards to Past Due invoices who should we contact?*

Accounting Contact Name: _____

Phone Number: _____ Fax: _____

Email: _____

Owner Information:

Name: _____

Phone Number: _____ Fax: _____

Email: _____

Federal Tax ID; State Tax ID; Pharmacy License: Please include a copy when submitting

Federal Tax ID No.: _____

State Tax ID No.: _____ annual renewal 2015

Pharmacy License No.: _____ annual renewal 2015

Authorization to Update Customer Information: By signing my signature below, I am certifying that the above information is true and accurate to the best of my knowledge. I also certify that I am an authorized agent and allowed to execute this customer update form.

Authorized Signature

Date

Print Name and Title