



DATE:		TAX EXEMPT: (If yes, must submit certificate)		YES	NO	WILBERT SALES CONTACT:	
EIN#:		PO #s REQUIRED:		YES	NO	DNB NUMBER:	
BUSINESS NAME:						TYPE (corporation, LLC, partnership, propriotership, individual)	
DBA (if applicable):							
AUTHORIZED REPRESENTATIVE:						TITLE:	
BILL-TO ADDRESS:						YEARS IN BUSINESS:	
CITY/STATE/ZIP:						PHONE:	
EMAIL:						ADDTNL PHONE:	
MULTIPLE SHIP-TO ADDRESSES?		YES	NO	ESTIMATED ANNUAL PURCHASE AMOUNT:			
SHIP-TO ADDRESS:							
CITY/STATE/ZIP:							
COMPANY OWNER(S), OFFICERS, PARTNERS							
NAME & TITLE:							
NAME & TITLE:							
LICENSURE INFORMATION (REQUIRED FOR PIERCE CHEMICAL PURCHASES)							
NAME:		FUNERAL DIRECTOR LICENSE #:		EMBALMING LICENSE #:		ESTABLISHMENT LICENSE #:	
SHIP-TO ADDRESS (HAZMAT APPROVED, IF DIFFERENT THAN DEFAULT SHIP TO):							
CITY/STATE/ZIP:							