



<b>DATE:</b>	<b>TAX EXEMPT:</b> (If yes, must submit certificate)	<b>YES</b>	<b>NO</b>	<b>WILBERT SALES CONTACT:</b>
<b>EIN#:</b>	<b>PO #s REQUIRED:</b>	<b>YES</b>	<b>NO</b>	<b>DNB NUMBER:</b>
<b>BUSINESS NAME:</b>			<b>TYPE (corporation, LLC, partnership, proprioritership, individual)</b>	
<b>DBA (if applicable):</b>			<b>YEARS IN BUSINESS:</b>	
<b>AUTHORIZED REPRESENTATIVE:</b>			<b>TITLE:</b>	
<b>BILL-TO ADDRESS:</b>			<b>YEARS IN BUSINESS:</b>	
<b>CITY/STATE/ZIP:</b>			<b>PHONE:</b>	
<b>EMAIL:</b>			<b>ADDTNL PHONE:</b>	
<b>MULTIPLE SHIP-TO ADDRESSES?</b>	<b>YES</b>	<b>NO</b>	<b>ESTIMATED ANNUAL PURCHASE AMOUNT:</b>	
<b>SHIP-TO ADDRESS:</b>				
<b>CITY/STATE/ZIP:</b>				
<b>COMPANY OWNER(S), OFFICERS, PARTNERS</b>				
<b>NAME &amp; TITLE:</b>			<b>SSN:</b>	
<b>NAME &amp; TITLE:</b>			<b>SSN:</b>	
<b>LICENSURE INFORMATION (REQUIRED FOR PIERCE CHEMICAL PURCHASES)</b>				
<b>NAME:</b>	<b>FUNERAL DIRECTOR LICENSE #:</b>	<b>EMBALMING LICENSE #:</b>	<b>ESTABLISHMENT LICENSE #:</b>	
<b>SHIP-TO HAZMAT APPROVED ADDRESS (IF DIFFERENT THAN DEFAULT SHIP TO):</b>				
<b>CITY/STATE/ZIP:</b>				
<b>TRADE REFERENCES</b>				
<b>NAME:</b>			<b>FAX:</b>	
<b>NAME:</b>			<b>FAX:</b>	
<b>NAME:</b>			<b>FAX:</b>	
<b>CREDIT AUTHORIZATION</b>				
I agree that the usual credit inquiries may be made for the purpose of extending credit. You have my permission to check the commercial credit bureaus.				

PRINT NAME:			SSN:	
ADDRESS:		CITY/ STATE/ ZIP		
SIGNATURE:			DATE:	