



Midwest Mobile Radio Service, Inc.

Customer Information Form

Please complete and return

Business/Customer Name _____

Address _____ City _____

County _____ State _____ Zip _____

Landline _____ Cell _____ Fax _____

Email _____

Tax ID / Social Security # _____ SIC Code _____

Tax Exempt Yes No (please attach copy of tax exempt certificate, tax will be charged until we receive a copy of current certificate)

Driver's License / State ID # _____

Purchase Order Required Yes No Other/Special Instructions _____

FCC Info: Call Sign _____ FRN _____ Password _____

Accounts Payable Information: Same as Above

Contact Name _____

Landline _____ Cell _____ Fax _____

Email _____

Do you want e-mailed invoices or paper invoices? E-mail Paper

Check box if you would like monthly statements

Bill To Address:

Name _____

Address _____ City _____

County _____ State _____ Zip _____

Ship To Address: Same as "Bill to Address"

Name _____

Address _____ City _____

County _____ State _____ Zip _____

Special Instructions _____

Main Contact Person:

Name _____

Landline _____ Cell _____ Fax _____

Email _____