



Plating Processes
 Room Temperature Antiquing &
 Metal Blackening Processes
 Hot Black Oxide Finishes
 Metal Cleaning & Surface Preps
 Phosphate Finishes, Chromates & Rust Preventatives

CUSTOMER PROFILE

Company Name: _____

DATE: _____

Billing Address _____ Shipping Address _____

Phone # () _____ Primary Contact _____
 Fax # () _____ Purchasing Agent _____
 E-Mail Add. _____ Plating Manager _____
 Federal ID # _____ MSDS Contact _____
 DUNS # _____ Accounts Payable _____

Do you require Purchase Orders? Yes No
 Credit Limit Requested: _____ (Required)

Date of Start of Business: _____ Tax Exempt/Retail Sales # _____
 Effective & Expiration Date _____

EPI SALESPERSON: _____

If you want to set up an account with EPI for future orders, please complete the section below.

SUPPLIER REFERENCES:

| | |
|------------------------|------------------------|
| 1.) Name _____ | 2.) Name _____ |
| Address _____ | Address _____ |
| City, State, Zip _____ | City, State, Zip _____ |
| Fax # () _____ | Fax # () _____ |

| | |
|------------------------|------------------------|
| 3.) Name _____ | 4.) Name _____ |
| Address _____ | Address _____ |
| City, State, Zip _____ | City, State, Zip _____ |
| Fax # () _____ | Fax # () _____ |

Business Receiving Hours: _____
 Preferred Carriers: _____

Is there any way we can give you better service? _____

Please fax to 262-786-9403, Attn: Diana. Thank you for your co-operation.