State Contractors
Lic.#1101826

New Property/ Billing Information

PREMIER
Bath Reglazing

Complex/Property Information:

Complex/Property Name:_____ Phone_____

Email_____ Fax _____

Manager/Owner Name_____ Cell_____

Address_____Suite_____

City_____State_____Zip _____

Corporate or Management Information: *Please Specify*_____

Corporate/Management Name:_____Phone_____

Email_____Fax _____

Manager/Contact Name_____

Address_____Suite _____

City_____State_____Zip_____

Billing Information:

Company Name_____Phone_____

Email Invoice at_____(Email Required)

Accountant/Contact Name_____Fax_____

PO# Required? Yes____No_____Payment Method *(Check,Electronic,Credit Card)*_____

Address_____Suite_____

City_____State_____Zip _____

Do You Require a Vendor Packet?_____If Yes, Please Email Vendor Packet

Please Email Insurance Requirements and Are You Using A Third-Party Invoicing Company?

Yes_____No_____(Nexus,VendorCafe,VendorShield,OpsMerchant) If Yes,_____

NET 30 - PAYMENT TERMS

Email: BILLING@BATHPREMIER.COM

Phone: (760) 539-1263