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Customer Shipping Form

Enclose in package once completed

Business Name (if applicable) _____

Business Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Contact Name: _____

Contact Telephone: _____

Email Address: _____

PO Number (if required): _____

Accounts Payable Contact: _____

Accounts Payable Telephone: _____

Accounts Payable Email: _____

Tax Exempt? (Yes) or (No)

Tax ID Number: _____

