



NEW CUSTOMER INFORMATION FORM

BILLING

Email Address for Invoices:

Billing Address:

Accounts Payable Contact

Name: _____

Direct Phone Number: _____

Email: _____

Are you Tax Exempt? Yes No

If yes, please attach the certificate.

OPERATIONS

Dispatcher:

Name: _____

Direct Phone Number: _____

Email: _____

24/7 Contact:

Name: _____

Direct Phone Number: _____

Email: _____

Head of Safety:

Name: _____

Direct Phone Number: _____

Email: _____

Thank You

The Gator Group looks forward to working with you!