



**WALKER
SUPPLY
COMPANY**

Please complete & fax this form (along with a copy of your Sales Tax Exemption Certificate) to (301)738-2026

Billing Information

Firm Name _____

Firm Address _____

City, State & Zip Code No. _____

Phone No. _____ Fax No. _____

Former or Out of Town Address _____

Invoices to be sent to _____

Do you issue purchase orders Yes No

If more than one copy of invoice is required, please indicate _____

Other special instructions _____

Nature of Business _____ How Long in Business _____

Please specify Corporation Partnership Sole Trader Federal Tax ID _____

Names & Titles of Principals of Business (if Sole Trader, list spouse) --

Bank Reference --

Bank Name Account No. Street City State Zip

Trade References --

Company Name Account No. Street City State Zip Phone

Company Name Account No. Street City State Zip Phone

Company Name Account No. Street City State Zip Phone

This information is given with the understanding it will be held in strict confidence. I certify that all information provided is correct and I fully understand and authorize Walker Supply to check on all credit information.

Signature of Business Representative

Type/Print Name & Title

45 Derwood Circle Rockville, MD 20850 (301) 738-6500 (301) 738-2026 FAX

Equipment, Service and Supplies for
IMAGESETTING • PRE-PRESS • PRESS ROOM • BINDERY