Return Address: CTI
PO Box 827
Conway, SC 29528

Fax: 843-397-4289

CUSTOMER SHEET

PLEASE PRINT CLEARLY **PLEASE PRINT**

1. **Name of Location DBA (Doing Business As)**		9. **Owner/ Manager First & Last Name**
2. **Make Checks Payable To:**		10. **Owner/Manager Home Street Address**
3. **PHYSICAL Street Address of Location, City , State , Zip**		11. **Owner/Manager City, State Zip**
4. **MAILING Address of Location, City, State, Zip (for correspondence)**		**12. Owner/Manage r Social Security Number. If NOT providing Federal Tax ID**
5. **Location Phone Number**	**6. Location Fax Number**	**13. Owner/Manager Alternate Phone Number.**
7. **Federal Tax ID Number (TID)**	8. Date Purchased:	20. Email Address
Certification		

Under Penalties of perjury, I certify that:

1. Then number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding and
3. I am a U.S. citizen or other U.S. person (defined in the instructions).

Certification instruction: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

Sign Here	**Signature**	**Date:**