

Account No.	
Account Name (Parent Name)	

Ship-To No.	
Name of Proprietor <small>(or Company Name if Ltd. Co.)</small>	
Address 1 <small>(or Trading Name if Applicable)</small>	
Address 2	
Address 3	
Town	
County	Post Code
Tel. No.	Fax No.

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Address 1 <small>(or Trading Name if Applicable)</small>	
Address 2	
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NAA20397

Input Checklist			
Address Book Revisions	<input type="checkbox"/>	Address Book Category Codes (1)	<input type="checkbox"/>
		Address Book Category Codes (2)	<input type="checkbox"/>
Customer Master Information	<input type="checkbox"/>	Customer Billing Instructions	<input type="checkbox"/>
		Customer Pricing Rules	<input type="checkbox"/>