

GEFCO Customer Questionnaires

Company Name: _____

Company
Address: _____
Street City State Zip Code Country

Remit to address if different from above:

Street City State Zip Code Country

Main Shipping Address:

Street City State Zip Code Country

Tax ID Number: _____

Phone Number: _____

Mobile Number: _____

Contact Person & Title: _____

Email Address: _____

Home Page: _____

Form can be completed with pdf tools "Fill and Sign" or print, complete and scan.

PLEASE RETURN COMPLETED FORM to:

HOU-BP@bauer-equipment.com