



BASIC INFORMATION REQUEST FORM (BIRF)

Category:

Customer

Supplier

Company/Business Name:

*PL Advertising Customer #:

Physical Address:

Postal Address:

[] Mark here if Address is same as Physical

*Shipping/**Delivery Address:

[] Mark here if Address is same as Postal

[] Mark here if Address is same as Physical

Telephone Number(s):

*Customer Service Exts:

*Accounts Receivable Exts:

**Sales Representative Exts:

**Accounts Payable Exts:

Fax Number:

*General E-Mail:

*Order E-Mail:

*Artwork E-Mail:

Representative Name:

Direct Telephone Number:

If you don't have any direct telephone number, write the general number and the extension of the representative.

Personal E-Mail:

CONTINUE ON BACK →

INFORMATION AGGREDMENT:

I, _____, representing the company,
_____, hear by state that the information on this document
is **valid and correct, with no error and no mistakes**. I have confirmed all the information in the
document and it can be entered on the database of PL Advertising Unlimited, Inc. as they have
requested that the information will be entered. I also authorize PL Advertising Unlimited, Inc. to enter
this information, which it's **only intention is to update the already existing information in their
database** and this information will be kept confidentially by them.

Representative Name

___/___/___|__:__M
Date & Time

Signature

BUSINESS/COMPANY STAMP HERE