



18715 Route 84 No. Cordova, IL 61242
 309-654-2261* Fax 309-654-2871

CONTRACTOR INFORMATION SHEET

Company Billing Information	Principles
Company Name:	Name & Position:
Accounts Payable Contact Name:	SS#:
Street Address:	
P.O. Box:	Delivery Address
City, State, Zip:	Physical Yard Address (Do not use PO Box):
Telephone Number:	Contact Name:
Fax Number / E-Mail:	
F.E.I.N. Number:	
Year Established:	Contact Phone #:
	Fax #:

STATE CERTIFICATE OF RESALE NUMBER:
Xylem, Ltd. / Rocks, Etc. is required by law to charge sales tax on all purchases until the following Certificate of Resale is completed and returned to our office.

The undersigned hereby certifies that, unless otherwise specified, all material purchased or which may be purchased by us from Xylem, Ltd. / Rocks, Etc. is for purpose of resale as tangible personal property, and assumes liability for payment of Retailer's Occupation Tax or Service Occupation Tax with respect to receipts from the resale of this property to users or consumers.

REGISTRATION NUMBER: _____ Exp. Date: _____

Written Signature of
 Authorized Agent or Individual _____

Printed Signature _____

- ALL ITEMS MUST BE PAID FOR AT TIME OF PURCHASE.
- ALL CHECKS RETURNED TO XYLEM LTD AND/OR ROCKS ETC DUE TO NON SUFFICIENT FUNDS WILL BE CHARGED A PROCESSING FEE OF \$30.00 FOR EACH OCCURRENCE.
- If draft for uncollectible funds are submitted (i.e. NSF, Account Closed, etc.) to XYLEM, LTD and/or ROCKS, ETC and collection of funds warrants the referral of such matter to an attorney or professional collection agency, contractor agrees to pay, in addition to the amounts owned on invoices, any and all costs and reasonable attorneys fees incurred in the collection of the past due invoices
- If any action is brought to collect past due invoices, NSF checks or the like, the applicant agrees the venue shall properly lie in Rock Island County, Illinois.

Signature: _____ Date: _____

Print Name and Title: _____