

Customer Account Information

for **Innovation First, Inc.**

VexRobotics.com

Company Name: _____

Purchasing Agent:

Name: _____

Phone: _____

e-mail: _____

Accounts Payable Contact:

Name: _____

Phone: _____

Fax: _____

e-mail: _____

Billing Address:

Company: _____

Attn: _____

St. Address _____

City, State, Zip _____

Return Information Form to:

214-853-5687 Fax

account@innovationfirst.com

Attention: Accounts Recievable

Purchase Order must be \$100 minimum.

Innovation First retains the right to reject any purchase order.

All information above is for internal accounting use only. No sales or promotional information will be sent to fax or e-mail.