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Customer Set Up

Office Use only!!	Your Account#
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Bill to Name	
Contact	
Address Line 1	
Address Line 2	
City, State Zip	
Primary Phone #	
Cell #	
Fax #	
Email Address	
Tax Id #	

****If tax exempt please provide a Certificate of Exemption****

Ship to if same as Bill to enter "same" or Varies	
Contact	
Address Line 1	
Address Line 2	
City, State Zip	
Primary Phone #	
Fax #	
Email Address	

Please also provide information for Accounts Payable	
Contact	
Phone #	Fax #
Email	

Please also provide information for Account Receivable	
Contact	
Phone #	Fax #
Email	

Return to Lisa via Fax (320)358-0360 or email: lisam@jgraff.com