



4 Leonard Way  
Deposit NY 13754  
607-467-3100

**Customer Contact Information**

**Customer Name** \_\_\_\_\_

**Mailing Address:**

**Street** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **County** \_\_\_\_\_

**EIN Number:** \_\_\_\_\_

**Ship to: If different from above**

**Street** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone #** \_\_\_\_\_

**Fax#** \_\_\_\_\_

**E-Mail** \_\_\_\_\_

**Contact Name** \_\_\_\_\_

**Taxable** Yes No

If not taxable please fax resale certificate to Gina @ 607-467-4550 or e-mail to [ginad@leonardbus.com](mailto:ginad@leonardbus.com)

**Tax ID #** \_\_\_\_\_

**Amount of credit desired:** \_\_\_\_\_

**Do you require a Purchase Order Number?** Yes No