



Character, Customer Service, Employee Owned

**Southwest's Most Progressive Distributor of Plumbing, Electrical, & HVAC Supplies
Over 180 Branches Serving a 7 State Area**

CUSTOMER UPDATE FORM

Company Name _____ Account # _____

Bill to Address _____

Ship to Address _____

Company Phone _____ Company Fax _____

Accounts Payable Contact _____

A/P Phone _____ A/P Fax _____

A/P E-Mail _____

Purchase Order Number Required _____ Yes _____ No

How Do You Prefer Statements _____ None _____ Fax _____ E-Mail

How Do You Prefer Invoices _____ None _____ Fax _____ E-Mail E-

Mail Address for Invoices/Statements _____

Fax # for Invoices/Statements _____

Please email to credit@lockesupply.com.

Fax to (405) 632-2471 or call us at (405) 631-9756.

Signature of person completing this form _____

Date _____

MAILING ADDRESS
P.O. Box 26128
Oklahoma City, Oklahoma 73126

SHIPPING ADDRESS
1300 S.E. 82nd Street
Oklahoma City, Oklahoma 73149

PHONE (405) 631-9756
FAX (405) 632-2471
2ND FAX (405) 631-0585