



# EMERGENCY TECHNICAL DECON

**EMERGENCY TECHNICAL DECON**  
3711 Kennebec Drive, Suite 100  
Eagan, MN 55122  
(651-842-8600)

## CUSTOMER INFORMATION FORM

1. Ship To Information: Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact Name: First: \_\_\_\_\_ Last: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mobile: (if applicable): (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

2. Bill To Information: Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact Name: First: \_\_\_\_\_ Last: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mobile: (if applicable): (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email To Send Invoices: \_\_\_\_\_

TAX EXEMPT (CIRCLE ONE) YES / NO IF YES, TAX ID #: \_\_\_\_\_

**Thank you for your business!**

Please send updates to Mark Dubanoski, Director of Operations by:

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Fax: 651-842-8699

Mail: 3711 Kennebec Drive, Suite 100, Eagan, MN 55122