

# FISKARS

Dear Customer:

In order to update our files, please complete the following information and return to this office as soon as possible.

Thank you. Your cooperation will enable us to serve you better.

Company Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Check One:  Cannot Collect Michigan Sales Tax

Can Collect Michigan Sales Tax

Check One:  Incorporated  
Federal ID Number: \_\_\_\_\_

Non-Incorporated  
Soc. Sec. Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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