

ACCOUNT APPLICATION

Please type or print

Company Name: _____ Year Established: _____
Address (Mail): _____ Address (Shipping): _____
City/St./Zip _____ City/St./Zip _____
Phone No.: () _____ Fax No.: () _____
Accts Payable Contact: _____ Purchasing Contact: _____
E-mail Address: _____ E-mail address: _____
Property: Leased Owned Purchase Order Number Required? No Yes
Mortgage Holder or Lesser: _____

Address: _____ Phone No.: () _____

Is This Company Tax Exempt? No Yes Exempt # _____ **REQUIRED:**
Form of Business: Private Owned Partnership Corporation. Please attach copy of tax
Exemption Certificate

Please List All Owners, Partners, Etc.

Name: _____	Name: _____	Name: _____
S.S. #: _____	S.S. #: _____	S.S. #: _____
Address: _____	Address: _____	Address: _____
_____	_____	_____

Bank Reference

In Order For Your Company To Qualify For Open Account, You Must Provide The Following Bank Information

Bank Name: _____ Phone No.: () _____
Address: _____ Contact Person: _____
City/State/Zip: _____ Checking Acct. No.: _____

Is This A Borrowing Relationship? No Yes

Trade References

In Order For Your Company To Qualify For Open Account, You Must Provide At Least Three Trade References

1) Company Name: _____	Phone No.: () _____
Address: _____	Fax. No.: () _____
City/State/Zip: _____	Contact Person: _____
2) Company Name: _____	Phone No.: () _____
Address: _____	Fax. No.: () _____
City/State/Zip: _____	Contact Person: _____
3) Company Name: _____	Phone No.: () _____
Address: _____	Fax. No.: () _____
City/State/Zip: _____	Contact Person: _____

Authorized Signature: _____ Date: _____

Please fill out form, save the file and attach it to an e-mail to michelle@steinsinc.com or fax to 218-233-7586