

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 # _____Form of Business: Private Owned Partnership Corporation.**REQUIRED:**
Please attach copy of tax
Exemption Certificate

Please List All Owners, Partners, Etc.

Name: _____ Name: _____ Name: _____

S.S or EIN: _____ S.S or EIN: _____ S.S or EIN: _____

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: _____