

Company Name : _____

Years in Business: _____

Type of Business : _____

Tax Exempt ? Yes No

(* If yes, please include resale card with application)

Phone Number : _____

Type of Ownership:

Corporation Partnership Non-Profit
 Sole proprietor Government

Fax Number : _____

Contact Name : _____

DUNS Number : _____

Contact Email Address : _____

Billing Address :

Shipping Address :

City _____ **State** _____ **Zip** _____

City _____ **State** _____ **Zip** _____

Parent Company / Address : (If different than above)

City _____ **State** _____ **Zip** _____

Bank References :

1.) **Bank Name :** _____ **Phone :** _____ **Fax :** _____

Account : _____ **Contact :** _____

2.) **Bank Name :** _____ **Phone :** _____ **Fax :** _____

Account : _____ **Contact :** _____

3.) **Bank Name :** _____ **Phone :** _____ **Fax :** _____

Account : _____ **Contact :** _____

Open Account References :

1.) **Acct. Name :** _____ **Phone :** _____ **Fax :** _____

Address : _____ **City :** _____ **State :** _____ **Zip :** _____

2.) **Acct. Name :** _____ **Phone :** _____ **Fax :** _____

Address : _____ **City :** _____ **State :** _____ **Zip :** _____

3.) **Acct. Name :** _____ **Phone :** _____ **Fax :** _____

Address : _____ **City :** _____ **State :** _____ **Zip :** _____

4.) **Acct. Name :** _____ **Phone :** _____ **Fax :** _____

Address : _____ **City :** _____ **State :** _____ **Zip :** _____

AUTHORIZED SIGNATURE: _____ **DATE:** _____

PRINT NAME: _____ **TITLE:** _____

Inter Office Use Only : **Date :** ____ / ____ / ____ **Credit Limit:** _____ **Terms :** _____

APPROVED BY: _____ **Notes:** _____