

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: _____