

Account Setup

Company Name: _____

Physical Address: _____
Street City State Zip

Mailing Address: _____
Street City State Zip

Phone Number: (____) _____ Fax Number: (____) _____

Nature of Business: _____

Business Structure: Corporation____ Partnership____ Sole Proprietorship____

Federal Tax ID Number: _____

Sales Tax Permit Number (If tax exempt): _____

Owners Name: _____ Title: _____

Physical Address: _____
Street City State Zip

Social Security number: _____ Drivers License number: _____

Owners Name: _____ Title: _____

Physical Address: _____
Street City State Zip

Social Security number: _____ Drivers License number: _____

Length of time in business: _____

Bank Name and Address: _____
Street City State Zip

Type of Account: _____ Account number: _____

Credit References:

Name: _____ Phone Number: _____

Contact: _____ Fax Number: _____

Name: _____ Phone Number: _____

Contact: _____ Fax Number: _____

Name: _____ Phone Number: _____

Contact: _____ Fax Number: _____

EVERYTHING STATED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. IT IS UNDERSTOOD THAT YOU WILL RETAIN THIS APPLICATION WHETHER OR NOT IT IS ACCEPTED. YOU ARE AUTHORIZED TO CHECK OUR CREDIT AS NECESSARY THROUGHOUT OUR BUSINESS REFERENCES, BANK REFERENCES AND/OR A CREDIT-REPORTING AGENCY TO OBTAIN ANSWERS ABOUT OUR CREDIT HISTORY.

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____ TITLE: _____