

■ General Information

Legal Name: _____ Trade Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____ Date Business Established: _____

■ Type of Organization

Proprietorship Partnership Corporation Federal ID# _____

Sales Tax Exemption or Social Security Number" _____

■ Principles of Business

FOR CORPORATION:

FOR PROPRIETORSHIPS, PARTNERSHIPS, OTHER

President: _____

Owner: _____

Vice President: _____

Owner: _____

Authorized to Purchase: _____

■ Credit References

Company Name: _____ Contact Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Company Name: _____ Contact Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Company Name: _____ Contact Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Company Name: _____ Contact Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

■ Bank Reference

Bank Name: _____ Contact Name: _____ Phone Number: _____

Street Address: _____ City: _____ State: _____ Zip: _____

We would like to qualify for open account status (must be officer's or owner's signature)

Signature

Title

Date