



Name of Company: _____

Primary Contact: _____

Primary Contact Ph.: _____

City/State/Zip: _____

Type of Business: _____

Accounting Contact: _____

Email: _____

Auth. Purchasing Agent: _____

Email: _____

State Resale Number: _____

Is Your Business (check one):

____ Please print in all spaces and complete by having owner sign where indicated.

____ If a corporation,

Two corporate officers must sign. If a partnership, this application must be signed by all partners.

Date: _____

Fax: _____ **Primary Phone Number** _____

Billing Address: _____

Shipping Address: _____

Email address: _____

Ext: Phone: _____

Signature: _____

Signature: _____

Printed Name: _____

Printed Name: _____

Title: _____

Title: _____

Date: _____

Date: _____



CREDIT REFERENCES

Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

BANK REFERENCES

Name of Your Bank: _____

Bank Phone Number: _____

Street Address: _____

City/State/Zip: _____

Officer or Contact: _____