



APPLICATION FOR NEW CUSTOMER (to be completed in full)

BUSINESS INFORMATION

ACCOUNT NAME				BUSINESS & LEGAL NAME (If different than Account Name)			
MAILING ADDRESS				SHIPPING ADDRESS (if different from mailing address)			
CITY	COUNTY	STATE	ZIP	CITY	COUNTY	STATE	ZIP
PHONE		FAX & EMAIL		PHONE		FAX & E-MAIL	

ADDITIONAL INFORMATION

DATE BUSINESS STARTED	NATURE OF BUSINESS		
SOLE PROPRIETORSHIP <input type="checkbox"/>	PARTNERSHIP <input type="checkbox"/>	CORPORATION <input type="checkbox"/>	OTHERS <input type="checkbox"/>
DUNS NUMBER	SIC CODE	ANNUAL GROSS SALES \$	
TAX STATUS (If exempt, submit the Tax Exemption Certificate with the Application)			
EXEMPT <input type="checkbox"/>	NON-EXEMPT <input type="checkbox"/>	TAX ID #	

PAYMENT OPTIONS AVAILABLE

COD <input type="checkbox"/>	VISA <input type="checkbox"/>	AME <input type="checkbox"/>	MC <input type="checkbox"/>
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BANK REFERENCE

BANK NAME	CHECKING ACCOUNT #		
ADDRESS			
CITY	STATE	COUNTY	ZIP CODE



TRADE REFERENCE 1

COMPANY NAME		
ADDRESS		
CITY	STATE	ZIP CODE
CONTACT NAME		
EMAIL	PHONE	FAX

TRADE REFERENCE 2

COMPANY NAME		
ADDRESS		
CITY	STATE	ZIP CODE
CONTACT NAME		
EMAIL	PHONE	FAX

Has the company or any officer, partner, member, or owner ever filed for bankruptcy? Yes No

Has your company or any company that any officer, partner, member, or owner been associated had either credit or cash account with us before? (If yes under what name: _____)? Yes No

By signing below, I certify that I have the authority to bind the company to this agreement and that I agreed to credit or cash terms of sale. It is understood and agreed by the customer that in the event legal action shall become necessary to effect collection for goods purchased by the customer from the seller, the customer agrees to pay all seller's the customer agrees to pay all sellers cost of collection including reasonable attorney's fees.

The information given herein is offered as a part of request by the applicant for an extension of credit or cash terms for commercial business use. The information provided is represented by the applicant to be true, correct and complete. The Applicant authorizes the Creditor to investigate all credit references and other sources pertaining to our credit and financial responsibility. The undersigned authorizes its banks, trade creditors, and credit reporting agencies to disclose and provide the Creditor with complete information for credit evaluation.

Authorized Signature	
Print Name	
Title	Date

