

Account Application

Applicant Information

Company Name

Owner

Address

City State Zip

Business ☎ (.....) - Ext Fax ☎ (.....) -

E-mail Homepage

Type of Practice Federal Tax ID #

Year Practice Established Resale Permit #

Contact Person ☎ (.....) - Ext

Supplier References

1. Company Name

Address

City State Zip ☎ (.....) -

2. Company Name

Address

City State Zip ☎ (.....) -

Applicant's signature attests responsibility, ability, and willingness to pay invoices net 30 days. The above information is for the purpose of obtaining credit and is warranted to be true. I/we hereby authorize the firm to whom this application is made to investigate the references listed pertaining to my/our credit and financial responsibility.

Signature Title Date/...../.....

Signature Title Date/...../.....