

(PLEASE PRINT)

TYPE OF ACCOUNT: NET 30 PROFORMA/COD COD
BUSINESS NAME _____
BUSINESS ADDRESS _____
CITY _____ STATE _____ ZIP _____
MAILING ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE () _____ FAX () _____
EMAIL _____ WEBSITE _____

RESALE CARD ENCLOSED: YES NO
DATE ESTABLISHED _____ TYPE OF BUSINESS _____

SOLE OWNERSHIP PARTNERSHIP
INDIVIDUAL(S):
NAME (1) _____ (2) _____
ADDRESS _____
PHONE () _____ () _____
S.S.# _____

CORPORATION: YES NO TAX I.D.# _____
IF YES, PLEASE LIST OFFICERS & POSITIONS:
1. NAME _____ TITLE _____
2. NAME _____ TITLE _____
3. NAME _____ TITLE _____

BANK INFORMATION:
NAME OF BANK _____
PHONE () _____ ACCT. # _____

TRADE REFERENCES (IF APPLYING FOR NET 30 TERMS):
1. NAME _____ ACCT. # _____ PHONE () _____
2. NAME _____ ACCT. # _____ PHONE () _____
3. NAME _____ ACCT. # _____ PHONE () _____

TURN AND READ THE TERMS AND CONDITIONS ON THE BACK. SIGNATURE IS REQUIRED.

I HEREBY AUTHORIZE YOU TO RELEASE ANY INFORMATION REGARDING MY ACCOUNT TO COMPANY

PRINT NAME

SIGNATURE