

(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 PREFERENCES (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