



BILLING/SHIPPING INFORMATION

OFFICIAL COMPANY NAME: _____
BILLING INFORMATION: _____ SHIPPING INFORMATION: _____

BUSINESS INFORMATION

CHECK ONE: () CORPORATION () PARTNERSHIP () PROPRIETORSHIP () SUBSIDIARY OF OR () DIVISION OF

YEARS IN OPERATION: _____ TYPE OF BUSINESS: _____
PRESIDENT/ CEO: _____
TREASURER/ CONTROLLER: _____
AP CONTACT: _____ PHONE: _____
EMAIL: _____ FAX: _____
OUR TERMS ARE NET 30 DAYS. CAN YOU MEET THESE TERMS? _____
IF NOT PLEASE EXPLAIN WHY. _____
AMOUNT OF CREDIT REQUESTED \$ _____

BANK INFORMATION

BANK: _____ CONTACT NAME: _____
ACCOUNT NO: _____ PHONE: _____
ADDRESS: _____ FAX: _____

TRADE REFERENCES

COMPANY NAME: _____ CONTACT: _____
EMAIL: _____ FAX: _____
COMPANY NAME: _____ CONTACT: _____
EMAIL: _____ FAX: _____
COMPANY NAME: _____ CONTACT: _____
EMAIL: _____ FAX: _____

AUTHORIZED SIGNATURE: _____ NAME: _____ TITLE: _____