

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: _____