



## CUSTOMER ACCOUNT SETUP

SETUP   
  CHANGE   
  NEW   
  UPDATE

### BUSINESS INFORMATION

Company Name:		
Address:		
City:	State:	Zip Code:
Country:		
Sales Contact:	Title:	
Email:	Phone No.	
Officers / Owners: _____ _____	Title: _____ _____	

### ACCOUNTING CONTACT INFORMATION

Name:	Title:		
Invoice E-mail:			
Phone No:			
<input type="checkbox"/> Sole proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other
Federal Tax I.D. # or SSN:	Will purchases be Tax Exempt? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, Sales Tax #: Please attach valid Resale Certificate		
After the completion of the first order, would you like to apply for credit? <input type="checkbox"/> YES <span style="float: right;"><input type="checkbox"/> NO</span>			

IF YES, PLEASE FILL OUT PAGE 2

AUTHORIZED SIGNATURE I AM/WE ARE AUTHORIZED TO ACCEPT AND AGREE TO THE COMPANY'S TERMS & CONDITIONS ON BEHALF OF THE ABOVE REFERENCED COMPANY.	TITLE TERMS & CONDITIONS ATTACHED.	DATE
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## CREDIT APPLICATION

LIMIT REQUEST:\$ \_\_\_\_\_

### BANK INFORMATION

Bank name:			
Bank address:		Phone:	
City:		State:	ZIP Code:
BUSINESS/TRADE REFERENCES (THREE OR ATTACH)			
Type of account:	Account number:		
<input type="checkbox"/> Savings			
<input type="checkbox"/> Checking			
<input type="checkbox"/> Other			

### BUSINESS/TRADE REFERENCES (THREE OR ATTACH)

Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			



Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
Type of account:		