



NEW CUSTOMER ACCOUNT APPLICATION FORM

Customer name: _____

Permanent address (no PO boxes): _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Cell: _____

E-mail / website address: _____

Please circle one: Proprietorship Partnership Corporation LLC Other

Parent Company (if applicable): _____ Location: _____

Federal Tax ID: (FEIN) _____ Type of Business: _____

Full Name of Owner or Authorized Officer: _____

Driver's License Number: _____ State: _____ SSN: _____

ALL NEW CUSTOMERS & ACCOUNT APPLICANTS MUST PROVIDE TWO REFERENCES.

Please provide credit references if applying for a Net 30 Days account (a credit reference is someone who invoices you). Please provide professional references for a COD account (a professional reference is someone who knows you, preferably in a related field of business).

Name: _____ **Please circle: CREDIT or PROFESSIONAL**

Permanent address (no PO boxes): _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Cell: _____

Name: _____ **Please circle: CREDIT or PROFESSIONAL**

Permanent address (no PO boxes): _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Cell: _____

