

8281 WRIGHT STREET MERRIVILLE, IN 46410 (219) 213-2093



## **NEW CUSTOMER/VENDOR APPLICATION FORM**

## **GENERAL INFORMATION:**

1. Firm or Business Name:			
3. Street Address:			·
4. Billing Address:			
5. City:		State:	Zip code:
6. Telephone:			
10. Accounts Payable Contact	Name:		
11. Years in Business:		Federal Tax Number:	
13. Type of Business:	Sole Proprietorship	_ Corporation	
	Partnership	_ Subsidiary	
14. Type of Work:			
15. Proprietor, Partners, Office	rs (if incorporated):		
Name:		- Home Address: —————	
City:		_ State:	Zip code:
Name:		- Home Address:	
City:		_ State:	Zip code:
16. Year Business Established:		_Years at Present Location:	
18: List employee(s) names	and titles that can sign cont	racts and/or a	uthorize purchase orders/work orders
on behalf of your company: -			
40. Ave very populated by the	Detter Dusings Durage	Vac	No
19. Are you accredited by the		_ tes	No
20. Duns & Bradstreet number &	k Kating:		

## **BANKING INFORMATION:**

1. Bank Name:		
2. Street Address:		
3. City:		
4. Account Number:		
5. Bank Contact:		
6. Phone Number:		
CREI	DIT REFERENCES:	
1. Company Name:		
Mailing Address:		
Telephone Number:		
Contact Person:		
E-Mail Address:		
How long have you been doing business with	this company?	
2. Company Name: ————————————————————————————————————		
Mailing Address:		
Telephone Number:		
Contact Person:		
E-Mail Address:		
How long have you been doing business with		
3. Company Name:		
Mailing Address:		
Telephone Number:		
Contact Person:		
E-Mail Address:		
How long have you been doing business with		
I hereby warrant that the above information is t establishing a vendor/customer relation with Ther clients. I hereby agree that Thermal Tech & Temp, Thermal Tech & Temp, Inc. may furnish this au establish a business relationship.	rmal Tech & Temp, Inc. a , Inc. may investigate m	and/or Thermal Tech & Temp, Inc. by record and that, if approved,
(NAME)		(TITLE)