

CUSTOMER NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_



### APPLICATION FOR OPEN ACCOUNT

CUSTOMER NAME: \_\_\_\_\_ DBA: \_\_\_\_\_

BILL TO ADDRESS: \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

ADDRESS 2: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

CUSTOMER TYPE: \_\_\_\_\_

BUYER CONTACT NAME: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

PAYABLE CONTACT NAME: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

CUSTOMER VENDOR NUMBER: \_\_\_\_\_

SALES TAX APPLICABLE: \_\_\_\_\_ (Y OR N) IF NO TAX ID# \_\_\_\_\_

(PLEASE ATTACH COPY OF CERTIFICATE OR TAX WILL BE BILLED UNTIL CERTIFICATE RECEIVED)

INDIVIDUAL OWNERSHIP \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ CORPORATION \_\_\_\_\_ YEAR CO. STARTED \_\_\_\_\_

PARTNERSHIP, PARTNER'S NAME AND ADDRESS:

NAME: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

CORPORATE, NAMES OF OFFICERS AND ADDRESSES:

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

TRADE REFERENCES: (NAME IN FULL, LARGEST SUPPLIERS, FILL OUT ADDRESS IN FULL)

NAME: \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

BANK DATA:

NAME: \_\_\_\_\_ BUSINESS ACCT. NO.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE NO: ( ) \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

CHECK ONE OR MORE: COMMERCIAL ACCT: \_\_\_\_\_ SAVINGS ACCT: \_\_\_\_\_ LOAN: \_\_\_\_\_

ATTACH CERTIFIED STATEMENT IF AVAILABLE TERMS: I UNDERSTAND THAT YOUR TERMS ARE NET 30 DAYS FROM DAY OF INVOICE AND THAT SHIPMENT IS NORMALLY MADE ON DELINQUENT ACCOUNTS, A MONTHLY FINANCE CHARGE OF 1.5% OR MAXIMUM LEGAL RATE, WHICHEVER IS LESS WILL BE ASSESSED ON ALL PAST DUE INVOICE AMOUNTS. I AGREE TO KEEP WITHIN THESE TERMS IF GRANTED AN OPEN ACCOUNT.

NAME: \_\_\_\_\_ SIGNED: \_\_\_\_\_ TITLE: \_\_\_\_\_

NAME: \_\_\_\_\_ SIGNED: \_\_\_\_\_ TITLE: \_\_\_\_\_

NUMBER OF SHIPPING LOCATIONS: \_\_\_\_\_ MUST PROVIDE A SHIP TO INFORMATION FORM FOR EACH SHIPPING LOCATION TO BE USED

APPROVED: \_\_\_\_\_ DATED: \_\_\_\_\_