



SUPREME SUPPLY

BUSINESS ACCOUNT APPLICATION

Business Name: _____

Contact Person: _____ Title: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Business Phone: ____ - ____ - ____ Fax: ____ - ____ - ____

Email Address: _____

Type of Business: _____

Date Business Established: ____ / ____ / ____ # of Employees: _____

Are you a:

☐ Corporation

☐ Partnership

☐ Sole Proprietorship

☐ Government Organization

FED ID / EIN #: ____ - ____ - ____

Are you Sales Tax Exempt: ☐ YES ☐ NO Tax Exempt #: _____

Purchase Order Required? ☐ YES ☐ NO

Estimated Monthly Purchases: \$ _____

Terms Requested: ☐ COD ☐ Credit Card

☐ Net Terms – Credit Requested \$ _____

Additional Information:

Printed Name: _____ Title: _____

Authorized Signature: _____ Date: ____ / ____ / ____