



**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: ____ / ____ / ____