

## **APPLICATION FOR A BUSINESS ACCOUNT**

		COMPANY	INFORMATION		
COMPANY NAME		D	ВА		
BILLING ADDRESS	CITY/STATE/ZIP				
PHONE #:	YEARS IN BUSINESS	YEARS AT ADDRESS		NUMBER OF	EMPLOYEES
FAX #:	WEBSITE:			KONCEPT REF	<b>:</b> :
		COMPAN	IY OWNERSHIP		
COMPANY IS A:	CORPORATION	PROPRIETORSH		RSHIP	
(CIRCLE ONE)	CONTONATION	TROTRIETORST	II TAKINE	.norm	
FEDERAL ID # (OR SS# IF PROPRIETORSHIP):			RESALE LICENSE #		
PRINCIPAL NAME:		TITLE:	TITLE: EMAIL ADDRESS:		
HOME ADDRESS:			HOME PHONE #:		<b>#</b> :
PRINCIPAL NAME:		TITLE:	EMAIL ADDRESS:		
HOME ADDRESS:			HOME PHONE #:	SSŧ	t:
Has the company or any of its p	rincipals ever filed for bankruptcy	? If yes, what yea	ar & state?		
		COMPAI	NY CONTACTS		
CEO CONTACT NAME:		EMA	III:	PHONE:	
ACCOUNTS PAYABLE CONTACT	NAME:	EMA	IIL:	PHONE:	
MARKETING CONTACT NAME:		EMA	AIL:	PHONE:	
BUYER/SUPPLY CHAIN NAME:		EMAIL:		PHONE:	
TRADE I	REFERENCES (A separate sh	eet of trade ref	ferences is acceptable,	providing all fields below	are included)
TRADE REFERENCE NAME:		CONTACT:		FAX #:	
ADDRESS:		PHONE:		EMAIL:	
TRADE REFERENCE NAME:		CONTACT:		FAX #:	
ADDRESS:		PHONE:		EMAIL:	
TRADE REFERENCE NAME:		CONTACT:		FAX #:	
ADDRESS:		PHONE:	EMAIL:		
X					
SIGNATURE (of authorized a	agent)	PRINT		D	ATE
	Authorized sales: Other (spe				Standard Rate Other Rate