



Please complete all blanks and email at the address below:  
Email:cesar@tristardistributors.com

### **CUSTOMER IDENTIFICATION AND ADDRESS**

NAME:	EMAIL:
COMPANY NAME:	D&B D-U-N-S #
ACCOUNTS PAYABLE CONTACT NAME	EMAIL:
BILLING ADDRESS:	SHIPPING ADDRESS:
PHONE NUMBER:	FAX NUMBER:

### **BUSINESS REFERENCES**

NAME:			NAME:		
CONTACT:			CONTACT:		
EMAIL			EMAIL		
ADDRESS:			ADDRESS:		
CITY:	ST:	ZIP CODE:	CITY:	ST:	ZIP CODE:
PHONE	FAX		PHONE	FAX	
NAME:			NAME:		
CONTACT:			CONTACT:		
EMAIL			EMAIL		
ADDRESS:			ADDRESS:		
CITY:	ST:	ZIP CODE:	CITY:	ST:	ZIP CODE:
PHONE	FAX		PHONE	FAX	

### **BANK REFERENCES**

NAME:			NAME:		
CONTACT:			CONTACT:		
EMAIL			EMAIL		
ADDRESS:			ADDRESS:		
CITY:	ST:	ZIP CODE:	CITY:	ST:	ZIP CODE:
PHONE	FAX		PHONE	FAX	

### **AUTHORIZATION**

SIGNATURE:	DATE:
TITLE:	YEARS IN BUSINESS:
OWNER'S NAME:	MANAGER'S NAME:
ADDRESS:	ADDRESS:

I HEREBY AUTHORIZE THE ABOVE TO RELEASE ALL INFORMATION WITH RESPECT TO MYSELF OR THE ABOVE NAMED BUSINESS  
A PHOTOCOPY OF THIS SHALL BE AS VALID AS THE ORIGINAL