**NEW ACCOUNT APPLICATION**

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| **Company Information** |
| Business Name: | Phone: |
| Street Address: | Country: |
| City: | State: | Zip Code: | Fax: |
| Type of Business: ( ) Corporation ( ) Partnership ( ) Individual ( ) Other | Email: |
| Year Established: | Fed Tax No or VAT#: |
| Number of Locations: | State Resale Tax No: |

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| **Shipping Information** |
| Business Name: | Phone: |
| Street Address: | Country: |
| City: | State: | Zip Code: | Contact Name: |
| Type of Business: | Email: |

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| **Buyer Information** |
| Name: |  | Position: |
| Address: |
| Phone: |  | Country: |  |
| Government Issue ID# |
| Cell: |  | Zip Code: |
| Email: |  |

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| **Trade References**  |
| Company Name | Address | Contact Person | Phone # |
|  |  |  |  |
|  |
| Type of Business: |  | Credit Limit |  |
|  |  |  |  |
|  |
| Type of Business: |  | Credit Limit |  |

I, the legal (Owner, Partner, Co-owner) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ certify that the above information is true and correct to the best of my information, knowledge and belief. I agree to pay all charges to Smokkin. according to the terms and condition as stated. I authorize Smokkin. to conduct an investigation of our credit worthiness, including but not limited to securing commercial credit reports, consumer reports, trade references, lender references, lease references.

I, the undersigned applicant by the execution of this credit application, agree to pay for all outstanding balances per terms as agreed between both parties. In the event this account is referred to any attorney for collection, I agree to pay collection costs incurred to collect the account balance including court costs and interest of 1.5% per month, collection fees and attorney’s fees. I hereby authorize release of credit information and agree to the above terms and conditions and agree to assume personal liability and responsibility for payment of the corporation’s account, and guarantee payment of any monies to become due according to the above terms and condition to Smokkin.

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Print Name Signature Date