



# Lee Distributor Inc.

1085 SATELLITE BLVD. SUWANEE GA 30024

Tel: 770-903-4400 Fax : 770-449-0055

## General Information\* Department of Revenue Retail License 첨부해주세요.

Name of Company \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Year of established \_\_\_\_\_

Shipping address \_\_\_\_\_

Mailing address \_\_\_\_\_

Type of business ☐ Corporation ☐ Partnership ☐ Individual ☐ Other \_\_\_\_\_

Resale number \_\_\_\_\_ Length of time at present location \_\_\_\_\_

### Responsible principals-corporation, partner, or individual

Name \_\_\_\_\_

Residential address \_\_\_\_\_

Social Security Number \_\_\_\_\_

Driver License Number \_\_\_\_\_

## Company Check Acceptance Application

### Bank Reference

What name will appear on check issued for payment? \_\_\_\_\_

Name of Bank \_\_\_\_\_ Branch \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Account Number \_\_\_\_\_ How long at bank \_\_\_\_\_

Person to contact \_\_\_\_\_ Title \_\_\_\_\_

### Trade reference

1. Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Attention \_\_\_\_\_  
Terms \_\_\_\_\_ High Credit \_\_\_\_\_ Account Number \_\_\_\_\_
2. Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Attention \_\_\_\_\_  
Terms \_\_\_\_\_ High Credit \_\_\_\_\_ Account Number \_\_\_\_\_
3. Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Attention \_\_\_\_\_  
Terms \_\_\_\_\_ High Credit \_\_\_\_\_ Account Number \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_