

## NEW ACCOUNT APPLICATION

Please fill out this application completely to avoid processing delays.

Business Legal Name: \_\_\_\_\_  
DBA: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Web: \_\_\_\_\_  
Email: \_\_\_\_\_  
Type of Ownership: ( ) in the State of \_\_\_\_\_  
( ) Partnership ( ) Proprietorship ( ) LLC  
Year Established: \_\_\_\_\_ Annual Sales Volume \$: \_\_\_\_\_ Credit Line: \_\_\_\_\_  
Federal Tax ID: \_\_\_\_\_ D&B No: \_\_\_\_\_  
State Resale Certificate No: \_\_\_\_\_ (please attach a copy of resale certificate)  
Account Payable contact name: \_\_\_\_\_ ext: \_\_\_\_\_  
Estimated monthly purchase: \_\_\_\_\_

## PRINCIPAL OWNER

Owner Name: \_\_\_\_\_  
Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Tel: \_\_\_\_\_ DL#: \_\_\_\_\_ SS#: \_\_\_\_\_

## BANK REFERENCES

Bank name: \_\_\_\_\_ Account number#: \_\_\_\_\_  
Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact person: \_\_\_\_\_

Bank name: \_\_\_\_\_ Account number#: \_\_\_\_\_  
Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact person: \_\_\_\_\_

## TRADE REFERENCES

Company name: \_\_\_\_\_ Contact person: \_\_\_\_\_  
Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Account #: \_\_\_\_\_ Terms: \_\_\_\_\_ Date: \_\_\_\_\_

Company name: \_\_\_\_\_ Contact person: \_\_\_\_\_  
Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Account #: \_\_\_\_\_ Terms: \_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_