

Date: _____

Sales Rep: _____

New Account Information

Name of Company: _____ FEIN#: _____
(Please print)

Street: _____

City: _____ State: _____ Zip: _____

Telephone #: () _____ Fax: () _____

Contact: _____ Position: _____

Credit Amount Requested: _____

Years in Business: _____

Annual Sales: _____

Corp./Partnshp/Sole Prop./Other: _____

Bank/Branch: _____

City/State/Zip: _____

Acct#: _____

Phone: () _____

Principals of Company: _____

Purchasing Reps: _____

CREDIT REFERENCES

#1 _____

Account#: _____

City: _____

Phone#: () _____

Fax: _____

#2 _____

Account#: _____

City: _____

Phone#: () _____

Fax: _____

#3 _____

Account#: _____

City: _____

Phone#: () _____

Fax: _____

#4 _____

Account#: _____

City: _____

Phone#: () _____

Fax: _____

***Please complete Tax Exempt form if purchases are exempt.**

Authorized Signature: _____

Date: _____