

CUSTOMER INFORMATION

Company Name:		DBA (If applicable):		
Parent Company (if applicable):				
Street Address:				
City:	State:	Zip Code:	Phone:	
Mailing Address:				
City:	State:	Zip Code:	Phone:	
Billing Address:				
City:	State:	Zip Code:	Phone:	
Accounts Payable Contact:				
Phone:	Fax:	E-mail:		
Office Management Contact:				
Phone:	Fax:	E-mail:		
___ Sole Proprietorship; Owner's name:		Federal ID# / Social Security #:		
___ Partnership; Partners' Names:		Federal ID# / Social Security #:		
___ Corporation; State Incorporated:		Federal ID# / Social Security #:		
Type of Business:				

REFERENCES

Bank:	Checking Account #:	Contact:		
Address:				
City:	State:	Zip Code:	Phone:	
Creditor (Company Name):		Contact:		
Address:				
City:	State:	Zip Code:	Phone:	
Creditor (Company Name):		Contact:		
Address:				
City:	State:	Zip Code:	Phone:	
Creditor (Company Name):		Contact:		
Address:				
City:	State:	Zip Code:	Phone:	

Credit Terms: 50% down payment and the remaining 50% net 15 days after receipt of goods. If you understand and agree to our terms, please sign below.

Signature _____

Date _____

Name (Please Print) _____

Title _____

Company Name _____