

**NEW CUSTOMER ACCOUNT APPLICATION** Company Name

Company Address City, State, Zip Phone#

Fax#

Federal Tax ID# D&B #

Type of Company Web Address Principal Owners:

Name Title Name Title

A/P Contact

A/P Phone

E-mail for Invoices

Purchasing Contact Purchasing Phone

E-mail for Acknowledgements

PLEASE SUBMIT THE FOLLOWING DOCUMENTS TO ALLOW US TO PROCESS YOUR REQUEST:

● One bank reference and three trade references

● Copy of your tax exemption and/or resale certificate

I, the undersigned, acknowledge the information in this application is true, and to be used to open an account.

|  |  |  |
| --- | --- | --- |
| CFO/Controller Signature | Title |  |
|  | Date |  |
| **FOR OFFICE USE ONLY** |  |  |
| Sales Representative | Approval |  |
| Sales Territory | Approval |  |
| Annual Potential | Approval |  |
| Amount of 1st order | Approval |  |
| Credit Terms Assigned | Approval |  |
| Credit Limit | Approval |  |
| Customer ID | Approval |  |