

Fill in all spaces. Insert N/A in where Not Applicable.

Type or print only.

Account Name _____

Principal Name _____

Street _____

Street _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Country _____

Phone _____

Phone _____ Fax _____

Credit Card# _____

Email _____

Name on Card _____

Names of Officers, Owners or Partners:

Expiration date _____

President _____

Years in Business _____ [] Corp [] Partners [] Individual

Vice President _____

Type of Business: [] Manufacturer [] Dealer [] Service

Secretary _____

Product or Service _____

Treasurer _____

Bank Reference

List three Business (Credit) references:

Branch _____

1. Name _____

Name _____

Street _____

Street _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Phone _____ Email _____

Phone _____ Email _____

2. Name _____

Acct No. _____

Street _____

City _____ State _____ Zip _____

Phone _____ Email _____

3. Name _____

Street _____

City _____ State _____ Zip _____

Phone _____ Email _____

Tax Exempt Number _____

Terms are Net 30 days, 1.5% per month Finance Charge on unpaid balance after 30 days, 18% annual rate.
If account is sent to a collection agency, a 25% service charge for collection will be added.

Name _____

Signature _____

Date _____