

NEW ACCOUNT APPLICATION

FORM MUST BE FILLED OUT COMPLETELY OR IT WILL BE RETURNED TO YOU

EXACT LEGAL NAME _____

TYPE OF ORGANIZATION:

D/B/A _____

___ PROPRIETORSHIP ___ LLC

STREET ADDRESS _____

___ PARTNERSHIP ___ LTD. CORPORATION

CITY/STATE/ZIP _____

___ LTD PARTNERSHIP ___ CORPORATION

PHONE # () _____

___ OTHER

FAX # () _____

NUMBER OF YEARS IN BUSINESS _____

BUILDING IS ___ OWNED (OR) ___ LEASED

NUMBER OF LOCATIONS _____

IF LEASED, DATE LEASE EXPIRES _____

FEDERAL I.D. # _____

FULL NAME OF PRINCIPAL (S) – LIST HOME ADDRESS AND RESIDENTIAL TELEPHONE

SALES TAX EXEMPTION# _____

NAME

ADDRESS

RESIDENTIAL PHONE

NAME OF PERSON TO CONTACT REGARDING PAYMENT _____

PRIMARY BANK REFERENCE:

NAME OF BANK _____ ADDRESS _____

CITY/STATE/ZIP _____ BANK OFFICER _____

PHONE # _____

ACCOUNT NUMBERS:

OTHER BANKS & ADDRESSES

___ CHECKING ___ SAVINGS

___ CHECKING ___ SAVINGS

TRADE REFERENCES:

NAME

ADDRESS

PHONE

“FOR THE PURPOSE OF CREDITOR, ITS DIVISIONS, SUBSIDIARIES AND TRADE STYLES, TO EXTEND CREDIT, EACH INDIVIDUAL SIGNATORY IN CONSIDERATION FOR ACCRUING BENEFITS HEREBY AGREES TO SERVE AS AN UNCONDITIONAL GUARANTOR AND SURETY FOR ALL LIABILITIES OF THE APPLICANT INCURRED FOR THREE YEARS FROM THE DATE OF SIGNATURE HERETO. IT IS ALSO AGREED THAT APPLICANT AND THE SIGNATORIES SHALL BE LIABLE FOR ALL PAST DUE AMOUNTS THAT ARE SUBJECT TO SERVICE CHARGES OF 1 ½% PER MONTH, COLLECTION COSTS AND ATTORNEY FEES. ALL CLAIMS ARE VOID UNLESS SUBMITTED IN WRITING WITHIN 14 DAYS OF SHIP DATE. THE SELLER’S LIABILITY IS LIMITED TO CREDIT OR REPLACEMENT OF PRODUCT IN ITS ORIGINAL STATE PRIOR TO SHIPMENT.”

PRINCIPAL’S SIGNATURE

PRINCIPAL’S NAME & TITLE (PRINT)

DATE

PRINCIPAL’S SIGNATURE

PRINCIPAL’S NAME & TITLE (PRINT)

DATE

PLEASE SUBMIT MOST RECENT BALANCE SHEET AND OPERATING STATEMENT WITH THIS APPLICATION