



# Account Application Form

Please Print or Type

Date: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Shipping Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Is this company a \_\_\_\_\_ Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation?

\*Please list names of OWNERS, PARTNERS, or CORPORATION OFFICERS on appropriate lines below\*

Primary Contact & Title: \_\_\_\_\_ Email: \_\_\_\_\_  
Secondary Contact & Title: \_\_\_\_\_ Email: \_\_\_\_\_  
Other Contact: \_\_\_\_\_ Email: \_\_\_\_\_

## BUSINESS INFORMATION

Bank Name: \_\_\_\_\_ Bank Officer: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_  
Account Number: \_\_\_\_\_ Account Under What Name: \_\_\_\_\_

Please list complete information with **fax numbers** of three vendors with whom you have done business on a credit or cash basis.

Supplier #1 \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Fax:(\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Supplier #2 \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Fax:(\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Supplier #3 \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Fax:(\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How Long Have You Been In Business At This Location? \_\_\_\_\_

How Long Has This Business Been Under The Present Ownership? \_\_\_\_\_

Name Of Company's Authorized Bookkeeper: \_\_\_\_\_

Specify Dollar Amount Of Merchandise You Anticipate Needing On A Monthly Basis (Estimate): \_\_\_\_\_

PLEASE CAREFULLY READ AND SIGN THE ACCOUNT AGREEMENT ATTACHED

WE CANNOT PROCESS YOUR ACCOUNT APPLICATION WITHOUT THE PROPER SIGNATURE ON THIS AGREEMENT