



INTERNAL USE	
APPROVED BY _____	DATE _____

ACCOUNT APPLICATION

COMPANY INFORMATION					
COMPANY NAME			PHONE		
DBA (IF APPLICABLE)			FAX		
BILLING ADDRESS:			YEAR BUSINESS ESTABLISHED		
CITY	STATE	ZIP	FEDERAL EIN		
IF SHIPPING TO CA <input type="checkbox"/> Resale# _____ <input type="checkbox"/> Taxable @ _____ DISTRICT			D & B NO.		
BANK INFORMATION					
BANK NAME			CHECKING ACCOUNT NUMBER		
ADDRESS			BANK CONTACT		
			EMAIL		
CITY	STATE	ZIP	PHONE	FAX	
TRADE REFERENCE INFORMATION					
COMPANY NAME	CONTACT	PHONE NO.	FAX NO.	EMAIL ADDRESS	
PURCHASER CONTACT INFORMATION					
NAME	TITLE	PHONE	EMAIL		

We certify that all the information on this form is correct. We fully understand your credit terms and agree to the prompt and timely payment of all amounts due in consideration of your extending credit to us. We understand and agree that a late payment charge can be added to any past due amounts.

IN ORDER TO RECEIVE BANKING INFORMATION, THIS MUST BE SIGNED BY YOUR AUTHORIZED CHECK SIGNER

Signed: _____ Title: _____ Date: _____