New Account Information/ Credit Application



For all customer	rs:					
Legal Name of Business:			Date:			
DBA Name:						
					Y	ear
Billing Address:						
	Street		City		State	Zip
Shipping Addres	ss:					
	Street		City		State	Zip
Business Phone:	:	Bu	siness Fa	x:		
Buyer:						
•	Name	Pho	one	Email		
Accounts Payabl	le:					
	Name	Pho	ne	Email		
Tax ID:		Resale Non-Prof	it 🗖 Educ	cational 🗖 (Government	Religious
accordance with shipment, and a interest per mor	n your credit te Ill others will be nth. I/we auth	ormation is true and corrections. I/we understand thate due 30 days from shipmed orize you to verify this informating agency.	t credit ca ent, with o	ard accounts voverdue balar	will be charg	ged at time of d 1.5%
Signed:		Title: _			Date: _	
For customers a	applying for cre	edit terms:	(DI	ISREGARD IF I	PAYING BY (CREDIT CARD)
Please provide t	hree credit ref	erences (vendors only):				
·		, ,,,				
Reference 1:						_
Co	ompany Name	Address			Phone	Fax
Reference 2:						
Co	ompany Name	Address			Phone	Fax
Reference 3:						
Co	ompany Name	Address			Phone	Fax