New Account Information/ Credit Application



For all customers:						
Legal Name of Business		Date:				
DBA Name:		In Business Since:				
Do you sell online: \Box	Amazon □ Ebay □	Other Online				
List any and all other na (including names used):			
Do you have a storefror	nt?: □ Yes □ No					
Physical address:	Stroot		ity	State	Zip	
How did you hear / lear					·	
Billing Address:	Street	C	ity	State	Zip	
Shipping Address:	Street	C	ity	State	Zip	
Buyer:	Street	C	ity	State	Zip	
Business Phone:	Fa	ax:	Email:			
Accounts Payable:	Street	C	ity	State	Zip	
			Facebook Page:			
Business Type: 🗖 Indi	vidual 🛭 Partnership	□ Corporation	n (Incorporate	d in:)	
Tax ID:	Resale	□ Non-Profit	☐ Educational	☐ Government	☐ Religious	
I/we certify that the above inforn credit card accounts will be charg per month. I/we authorize you to	ged at time of shipment, and all	others will be due 30 d	ays from shipment, w	rith overdue balances ch	arged 1.5% interest	
Signed:		Title	::	Date:		
For customers applying for credit terms:					IF PAYING BY CREDIT CARD)	
Please provide three cre		s only):			, ,	
Reference 1:		·				
	Company Name	Email Address		Phone	Fax	
Reference 2:	Company Name	Email Address		Phone	Fax	
Reference 3:	Company Name	Email Address		Phone	Fax	