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## Application for Open Account

The following application is designed to assist you by providing the best credit department service possible. All information must be provided and the signature of an authorized agent must be in the appropriate area. Failure to complete any item may result in a delay in the processing of your credit application and/or a delay in the shipment or release of your product(s). If an item is not applicable, please write "N/A" in the blank.

### Business Information

Company name: \_\_\_\_\_ dba: \_\_\_\_\_

Subsidiary of: \_\_\_\_\_ Dun & Bradstreet #: \_\_\_\_\_

Billing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
(If PO Box, please include street address)

Shipping address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
(If different from above)

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Accounts Payable contact: \_\_\_\_\_ Email Address: \_\_\_\_\_

Type of business: \_\_\_\_\_ How long in business? \_\_\_\_\_ years

Our main business activity is: \_\_\_\_\_ Federal ID #: \_\_\_\_\_

Are you exempt from sales tax? \_\_\_\_\_ (If yes, please attach valid exemption certificate) Our county is: \_\_\_\_\_

### Banking and Lease/Mortgage Information

Name of Bank	Telephone #	Account Number	Account Type
_____	_____	_____	_____
_____	_____	_____	_____

### Owner Information

Please list the name(s), home address(es), home telephone number(s) and social security number(s) for the owner(s) of this business.

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

### YOUR INVOICES WILL ARRIVE BY EMAIL.

#### PLEASE FILL IN THE BLANKS WITH THE APPROPRIATE A/P CONTACT INFORMATION

A/P Contact Name: \_\_\_\_\_ A/P Contact Phone Number: \_\_\_\_\_

A/P Contact Email Address: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_