



Please complete the following form in its entirety. Incomplete applications may be returned unprocessed.

Please type or print legibly

Legal Business Name: \_\_\_\_\_

Business Name utilized (if different from above): \_\_\_\_\_

Billing Address: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Form of Entity:  Corporation  Limited Liability Company  Partnership  Limited Partnership

Sole Proprietorship  DBA

DBA of whom? \_\_\_\_\_ Other (describe) \_\_\_\_\_

Principle Business Activity: \_\_\_\_\_ Date Started: \_\_\_\_\_

How long in business under its present ownership? \_\_\_\_\_ (Note: If the business is sold, acquired, is a party to a merger, or the form of the entity is changed, you must notify us in writing, by certified mail, within (\_\_\_\_) days of such change.)

Federal I.D. #: -Tax Exempt: Yes \_\_\_\_\_ No \_\_\_\_\_ Number: \_\_\_\_\_ If Yes, attached certificate must be completed. (or, if yes, attach certificate.) Social Security Number: \_\_\_\_\_

Is this business a subsidiary/affiliate of any other entity? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes identify the entity(ies) \_\_\_\_\_

Owners, Members, Partners and/or Officers:

Name Title Home Address Home Phone Social Security #

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide a copy of your most recent monthly/quarterly and annual financial statements and state whether your annual financial statements are audited by independent CPA's \_\_\_\_\_, reviewed by independent CPA's but un-audited \_\_\_\_\_, or prepared/reviewed only by customer \_\_\_\_\_.



Bank References:

Bank: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_

Checking Account #: \_\_\_\_\_

Savings Account # \_\_\_\_\_

Officer to Contact: \_\_\_\_\_

Trade References:

Company Name Address Contact Person Phone Number

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has this business or any predecessor in interest (general partners, if a general or limited partnership; owner, if a sole proprietorship)

ever filed a petition in bankruptcy, been the subject of an involuntary petition in bankruptcy, or been the subject of a request for

receivership? Yes\_\_ No \_\_ If so, when? \_\_\_\_\_ State in which filed: \_\_\_\_\_

**TERMS & CONDITIONS OF OPEN ACCOUNT**

Terms of payment are 30 days.

**SIGNATURE REQUIRED TO PROCESS**

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Debtor \_\_\_\_\_

By \_\_\_\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_

Debtor SSN/EIN \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Contact Person \_\_\_\_\_