

Application for open account

Type into the fields below. Include applicable tax exemption documents with your application.

BUSINESS INFORMATION

Legal business name		Trade name	
<input type="text"/>		<input type="text"/>	
Business phone	Fax	Years in business	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Billing address			
<input type="text"/>			
Business type	Other business type (specify)	Owner / President	
<input type="text" value="Select"/>	<input type="text"/>	<input type="text"/>	
FEIN	Nature of business	Dun & Bradstreet number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Tax exempt	Amount of monthly credit requested (USD)		
<input type="text" value="Select"/>	<input type="text"/>		

If Yes, please provide all applicable tax exemption documentation for locations orders will be shipped to. Failure to provide proper exemption information will result in taxes being applied.

ACCOUNTS PAYABLE INFORMATION

AP contact name	AP contact email	AP contact phone
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email for invoices		
<input type="text"/>		

Bank and trade references must accompany this application. Applications missing the bank and trade references will not be considered complete.

BANK REFERENCE

Bank	Contact name	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	City, state, ZIP	Date opened
<input type="text"/>	<input type="text"/>	<input type="text"/>

TRADE REFERENCE 1

Company name	Contact name	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	City, state, ZIP	Account number
<input type="text"/>	<input type="text"/>	<input type="text"/>

TRADE REFERENCE 2

Company name	Contact name	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	City, state, ZIP	Account number
<input type="text"/>	<input type="text"/>	<input type="text"/>

TRADE REFERENCE 3

Company name	Contact name	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	City, state, ZIP	Account number
<input type="text"/>	<input type="text"/>	<input type="text"/>

CREDIT TERMS & AUTHORIZATION

Upon approval of this application a credit extension amount will be determined, and all invoices are due and payable within (30) thirty days of the invoice date. A finance charge will be imposed on any amount (30) thirty days or more past due at a periodic rate of 2% per month (annual percentage rate is 24%). Orders placed on past due accounts or accounts exceeding the approved credit limit cannot be processed on your open account without prior approval.

By signing below I affirm that all information provided is true and accurate to the best of my knowledge, and that I have the authority to enter into these terms on behalf of the business listed above. Furthermore, in order to determine the validity of the information listed above, I consent to the included bank and trade references to provide the necessary information upon request.

Signature (type full name)	Date	Name (printed)	Title
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>