

# ACCOUNT APPLICATION



## GENERAL INFO

BUSINESS NAME \_\_\_\_\_ CONTACT \_\_\_\_\_  
SHIPPING ADDRESS \_\_\_\_\_ TITLE \_\_\_\_\_  
CITY / STATE / ZIP \_\_\_\_\_ FEDERAL TAX ID \_\_\_\_\_  
TELEPHONE \_\_\_\_\_ STATE RESALE # \_\_\_\_\_  
FAX \_\_\_\_\_ YEARS IN BUSINESS \_\_\_\_\_  
EMAIL \_\_\_\_\_ TYPE OF BUSINESS  SOLE  PARTNER  CORP  
WWW \_\_\_\_\_

## REFERENCES

NAME _____	NAME _____
ADDRESS _____	ADDRESS _____
CITY / STATE / ZIP _____	CITY / STATE / ZIP _____
TELEPHONE _____	TELEPHONE _____
FAX _____	FAX _____
CONTACT _____	CONTACT _____
ACCOUNT # _____	ACCOUNT # _____
NAME _____	NAME _____
ADDRESS _____	ADDRESS _____
CITY / STATE / ZIP _____	CITY / STATE / ZIP _____
TELEPHONE _____	TELEPHONE _____
FAX _____	FAX _____
CONTACT _____	CONTACT _____
ACCOUNT # _____	ACCOUNT # _____

## BANK INFO

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY / STATE / ZIP \_\_\_\_\_  
TELEPHONE \_\_\_\_\_  
FAX \_\_\_\_\_  
CONTACT \_\_\_\_\_  
CHECKING ACCT # \_\_\_\_\_  
SAVINGS ACCT # \_\_\_\_\_

## OWNERSHIP

NAME \_\_\_\_\_  
TITLE \_\_\_\_\_  
SOCIAL SECURITY # \_\_\_\_\_  
NAME \_\_\_\_\_  
TITLE \_\_\_\_\_  
SOCIAL SECURITY # \_\_\_\_\_  
NAME \_\_\_\_\_  
TITLE \_\_\_\_\_  
SOCIAL SECURITY # \_\_\_\_\_

APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY OUR INVOICES IN ACCORDANCE WITH OUR TERMS.  
APPLICANT AGREES TO PAY REASONABLE ATTORNEY FEES PLUS INTEREST IN CASE OF DEFAULT IN PAYMENT IN COMPLIANCE WITH OUR TERMS.  
APPLICANT GUARANTEES TO PAY THE CHARGES INCURRED IF THE COMPANY SHOULD FAIL TO DO SO.

PRINT NAME \_\_\_\_\_ OWNER SIGNATURE \_\_\_\_\_  
TITLE \_\_\_\_\_ DATE \_\_\_\_\_