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Application for Commercial Account

TERMS OF PAYMENT: CUSTOMER AGREES TO REMIT PAYMENT WITHIN 10 DAYS OF INVOICING IN ACCORDANCE WITH OUR TERMS AND CONDITIONS.

Date:

Authorization to verify below information:

Signature:

Title:

Company Name:

Phone Number:

Fax Number:

Ship to:

City:

County:

State:

Zip Code:

Billing:

City:

State:

Zip Code:

Taxable

Tax-Exempt

(If tax-exempt, please submit appropriate documentation.)

Accounts Payable Contact:

Phone #/Extention:

Accounts Payable Email Address:

Purchase Order Required:

Yes

No

Email Address for Invoice:

Please provide the following information or attach a credit reference page:

Bank Reference:

Bank Name:

Phone #:

Branch /Address:

Account Number:

Trade References:

Dun & Bradstreet

Company Name:

Account #:

Address:

Fax:

Phone:

Business Form:

Corporation

Partnership

Proprietorship

Other

Name of Corporate Officers / Partners / Owners

Type of Business