

CUSTOMER APPLICATION

(ALL FIELDS must be completed or your application will be returned to you)

Business Name _____

Billing Address _____

City _____ State _____ Zip _____

Shipping Address _____

City _____ State _____ Zip _____

Contact Name _____ Telephone _____

Fax _____ Email _____

SEND COPY OF RESALE CERTIFICATE

Type of Ownership	Name of Owner(s)	SS# or Fed ID
_____ Sole Proprietor	_____	_____
_____ Partnership	_____	_____
_____ Corporation	_____	_____

Home Address _____

City _____ State _____ Zip _____

Home Telephone _____

References

1) _____

Vendor	Address	City, ST, Zip
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Account #	Phone	Fax
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2) _____

Vendor	Address	City, ST, Zip
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Account #	Phone	Fax
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3) _____

Vendor	Address	City, ST, Zip
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Account #	Phone	Fax
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Invoicing

_____ Please bill me for my purchases (credit terms are Net 30)

_____ Please charge my credit card for purchases _____

Credit Card #	Exp Date
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All information on this application is true and correct to the best of my knowledge.

Signature of Authority _____	Title _____	Date _____
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