



Open Account Application

Company Name: _____ 9-Digit Federal Tax ID# _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Shipping Address: _____

City: _____ State: _____ Zip Code: _____

A/P Contact: _____ A/P Email: _____

Phone: _____ Fax: _____

Years In Business: _____ Do you require PO#? _____

REFERENCES:

BANK NAME: _____ Phone #: _____

Address#: _____

Account#: _____ Contact Name: _____

VENDOR NAME: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone#: _____ Fax: _____

VENDOR NAME: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone#: _____ Fax: _____

Terms are 30 days. Delinquent accounts may accrue a 2% per month late charge on past due balances.

Signed by: _____ Date: _____

Office use only: Credit Limit _____ Date: _____ Approved by: _____