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BUSINESS	CONT	AOT		TION
BUSINESS		Δι.ι		

Company Name:						
Mailing Address:						
City:	State:	Zip Code:				
Physical Address (if different from above:)	•					
City:	State:	Zip Code:				
How long at this address?						
Phone:	Fax:					
Accounts Payable Contact:		Email Address:				
Purchasing Contact:		Email Address:				
Date Business Started: Federal II		Duns#:				
Circle One: Sole Proprietorship Corporation		ership Other:				
		exemption certificate)				
BANKING I	NFORMAT	ION				
Bank Name:						
Contact Name:	Bank	Phone:				
Bank Address:						
City:	State:	Zip Code:				
Type of Account (circle one) Checking Savings	Other:					
Account Number:						
BUSINESS/ TR/	ADE REFER	RENCES				
Company Name:						
Address:						
City:	State:	Zip Code:				
Phone: Fax:		Email:				
Type of Account:						
Company Name:						
Address:						
City:	State:	Zip Code:				
Phone: Fax:		Email:				
Type of Account:						
Company Name:						
Address:						
City:	State:	Zip Code:				
Phone: Fax:		Email:				
Type of Account:		•				
AGREEMENT						
By submitting this application, you authorize Foster Manufacturing Company, Inc. to make inquiries into the banking and business/trade references you have supplied.						
SIGNATURE (required)						
Signature:		Title:				
Print Name:		Date:				





