



**DESCO TOOLS**

965 S. Meridian Ave.  
Alhambra, CA 91803  
(626) 291-5970 Phone (626) 291-5975 Fax

**NEW ACCOUNT APPLICATION**

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Bill to Address: \_\_\_\_\_

Ship to Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Year Established: \_\_\_\_\_ Website: \_\_\_\_\_

Type of Business: \_\_\_\_\_

President/Owner: \_\_\_\_\_ Email: \_\_\_\_\_

Purchasing Agent: \_\_\_\_\_ Email: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Bank Phone: \_\_\_\_\_ Account Number: \_\_\_\_\_

Please provide 3 Credit References:

Company 1: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

Company 2: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

Company 3: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

Submitted By: \_\_\_\_\_ Name/ Title: \_\_\_\_\_

Please fax back to the number above and provide a copy of your company's resale certificate. Thank you.