

Signature:

6831 Broadway St Ste F | Pearland, TX 77581 Phone: 281-412-7358 | Fax: 844-270-1464 info@copstop.com | www.copstop.com

Date signed:

SUB DEALER ACCOUNT APPLICATION

Title:			
Company name:			
Phone	Fax	Email	
Registered company addres	SS:		
City:		State:	ZIP Code:
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:
BUSINESS AND CREDIT INFORMATION			
Primary business address:			
City:		State	ZIP Code
How long at current addres	s?		
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:		State:	ZIP Code:
Type of account	Account #		
Credit Terms Requested	Credit Card: Net Terms:		
	BUSINESS/T	RADE REFERENCE	
Company Name	Address		Phone/Fax/Email
Company Name	Address		Phone/Fax/Email
 All invoices are to be paid with Claims arising from invoices m 		days	
=	ust be made within seven working , you authorize Cop Stop to make ir	•	ousiness/trade references that you have
supplied.	, , satisfies sop stop to make it	und banking und k	and the state of t