


SUBMIT A COPY OF YOUR RESELLER'S CERTIFICATE WITH APPLICATION

TODAY'S DATE

COMPANY	COMPANY NAME		
	PHONE	FAX	
	E-MAIL	YEARS IN BUSINESS	

ADDRESS	BILLING ADDRESS		SHIPPING ADDRESS (if different from billing address)	
	CITY	STATE / ZIP	CITY	STATE / ZIP

CONTACTS	NAME OF OWNER(S)	RESELLER / PERMIT / CERTIFICATE NUMBER
	PURCHASING AGENT(S)	ACCOUNTS PAYABLE CONTACT

CREDIT	CREDIT CARD NUMBER	<input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> DISCOVER	CVV (3-4 digit number) 	EXPIRATION DATE	BILLING ZIP

TRADE REFERENCES	List 3 or more current vendors/suppliers.	REFERENCE 1	REFERENCE 2	REFERENCE 3
	NAME			
	ADDRESS			
	PHONE			
	FAX			

NOTE: All new accounts are sold on a pro-forma basis (payment in advance) until credit is approved. Please allow 7 days for credit check.

FOR INTERNAL USE ONLY	
DATE	ACCOUNT APPLICATION <input type="checkbox"/> APPROVED <input type="checkbox"/> DECLINED
PROCESSED BY	SIGNATURE