

## COMPANY INFO

Company Name

Phone #

Fax #

Email Address

Billing Address

Billing City

State

Zip

Shipping Address (if different)

Shipping City

State

Zip

## PRINCIPAL'S NAMES & TITLE

Name

Title

Name

Title

Name

Title

## BUSINESS REFERENCES (ACTIVE)

Name

Address

City

State

Zip

Contact Name

Email

Contact Phone

Fax

Name

Address

City

State

Zip

Contact Name

Email

Contact Phone

Fax

Name

Address

City

State

Zip

Contact Name

Email

Contact Phone

Fax

## BANK REFERENCES

(continued)

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Name

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Address

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City State Zip

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Type of Account Account #

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Bank Contact Email

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Phone Fax

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Name

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Address

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City State Zip

---

Type of Account Account #

---

Bank Contact Email

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Phone Fax

## TAX INFORMATION

Business type (check one):  Sole Proprietorship  Partnership  Corporation

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Date of Incorporation

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Reseller # (Please provide a copy of current reseller's certificate) Federal Tax ID

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Year Established At present location since

## ACKNOWLEDGEMENT

I certify that the above statements are true and complete and agree that the answers stated on this application (which shall remain the property of PIKKL), as well as any other credit information relative to me or my business may be investigated and in addition, upon application, all requests may be exchanged by PIKKL with others.

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Signature of Preparer Title Date

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Signature of Company Officer Title Date