

С	ompany:					
Ac	ddress:					
Ci	ty:			State:	Phone:	
	Corporation	LLC	Partnership	Sole Proprietor	No. of employees:	
Type of Business:					Year Established:	
0	wnership (Name, Title	e, Home Addre	ess & Phone Numbers	of Principal Officers)		
1.	Name:			Title:	Phone:	
	Address:					
2.	Name:			Title:	Phone:	
	Address:					
Pe	ersons Authorized to I	Purchase/Rent	:			
Accounts Payable Contact:					Phone:	
	D's Required/Instructi					
	esale #:			Federal ID#:		
Name of Bank: Co			Contac	et:	Phone:	
Ac	ddress:					
	ccount #:				Checking	Savings
Tro	ade References (We	require 3 local	references. No Credit	Cards, C.O.D. Accounts	or Finance Agencies)	
1.	Name:	·		Title:	Phone:	
	Address:					
2.	Name:			Title:	Phone:	
	Address:					
3.	Name:			Title:	Phone:	
	Address:					
С	ommercial Insurance	e Agency:			Phone:	
Agent's Name:				Pol	icy#:	
Cu ex su aç	ustomer warrants tha tension of credit to t rcharge on all invoic grees to pay all reaso	he undersigne es 10 days past nable attorney	ed. Customer agrees t due, in the amount o s fees in the event le	and correct and that the o pay invoices in accordo of 1.5% per month on the	ey are made for the purpose of ance with their terms and agree unpaid balance. It is understoo ecure payment of proper charg	es to pay a od that customer
Name:				Title:		
Signature:				Date:		