

APPLICATION FOR A BUSINESS ACCOUNT (NOT CREDIT APPLICATION)

Name of Business (Legal Name) _____

Billing Address: _____

City _____ State _____ Zip _____

Shipping Address: _____

City _____ State _____ Zip _____

Type of Business: Corporation [] Partnership [] Limited Partnership [] Sole Proprietorship []

Federal Employer ID # _____ Phone: () _____

Tax Exempt # _____ Fax: () _____

(attach a copy of exemption certificate)

Cell: () _____

Email: _____

Website: _____

PERSONAL INFORMATION

Please attach a copy of your drivers' license.

Check one: Corporate Officers [] General Partners [] Owners []

Name _____

Name _____

Name _____

WHO WILL BE AUTHORIZED TO PURCHASE MATERIALS ON THIS ACCOUNT

Name _____ Cell: () _____

Email: _____

DATE: ____/____/____

