



NEW ACCOUNT FORM

Company Name: _____ Trade Name d/b/a: _____

Telephone: _____ Fax: _____ Email: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Delivery Address: _____

City: _____ State: _____ Zip Code: _____

Type of Ownership: Corporation___ Partnership___ Proprietorship___

Name of Officer or Owner: _____ Federal ID Number: _____

Buyer Name: _____ Telephone: _____ Ext: _____ Email: _____

Accounts Payable Name: _____ Telephone: _____ Ext: _____ Email: _____

Bank Reference:

Bank Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____ Email: _____

Contact Person: _____ Account Number: _____

Trade References:

1) Company Name: _____ Contact: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____ Email: _____

2) Company Name: _____ Contact: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____ Email: _____

3) Company Name: _____ Contact: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____ Email: _____

4) Company Name: _____ Contact: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____ Email: _____