Customer Account Application

General Company Information

Company Name _____ Web Address _____

Owner _____ Industry _____

Manager _____ Years in Business _____

Business Type: ☐ Sole Proprietor ☐ Partnership ☐ Corporation: State _____

Taxable: ☐ YES ☐ NO If No, please provide your resale/exempt certificate.

UBI Number _____ Dun & Bradstreet Number _____

Bill To Information:

Name _____

Address _____

City/Province _____ State/Country _____ Zip Code _____

Accounts Payable Contact _____ Title _____

E-mail Address _____

Phone # _____ Fax # _____

Ship To Information:

Name _____

Address _____

City/Province _____ State/Country _____ Zip Code _____

Main Contact _____ Title _____

E-mail Address _____

Phone # _____ Fax # _____

The above information is submitted for the sole purpose of opening an account and I hereby certify the information to be true.

Signature _____

Title _____ Date _____

In order to process your application; We must have an authorized signature.

For Office Use Only:

Sales Rep:
Date App. Sent_____
App. Complete_____
Date Submitted_____

Signature_____

Accounting Dept:
D&B Results_____
Date Approved_____
Credit Terms_____

Signature_____