

**APPLICATION FOR  
OPEN ACCOUNT TERMS**

COMPANY NAME		BILLING ADDRESS	
SHIPPING ADDRESS (IF DIFFERENT FROM BILLING ADDRESS)		CITY, STATE, ZIP CODE	
TELEPHONE NUMBER		FAX NUMBER	
BUSINESS STRUCTURE (CORP, PARTNERSHIP, SOLE PROPRIETOR)		E-MAIL ADDRESS	
FED TAX I.D. OR SOC. SEC. NO.	DUNS #	CREDIT LIMIT REQUESTED	

COMPANY PRINCIPALS	TITLE	ADDRESS (INCLUDING CITY, STATE, ZIP)

TRADE REFERENCES	MAILING ADDRESS	CITY, STATE, ZIP	TELEPHONE NUMBER	FAX NUMBER

FINANCIAL REFERENCE			
BANK NAME		STREET OR P.O. BOX NO.	
TELEPHONE	ACCOUNT NUMBER	CITY, STATE, ZIP	CONTACT

TERMS AND CONDITIONS
<p>1.) The information contained in this application and in all financial statements submitted in connection with this document is for the purpose of obtaining credit and is represented to be true and complete by the applicant.</p> <p>2.) The applicant authorizes _____ to investigate all credit references and any matters pertaining to its financial responsibility.</p> <p>3.) The undersigned authorizes its trade references and banks to release complete information for the purpose of credit extension.</p> <p>4.) The undersigned authorizes _____ to obtain the necessary trade and personal credit reports at present and on a continuing basis to determine the credit worthiness of the applicant and to report the performance of the account to proper persons and reporting agencies.</p> <p>PRINT OR TYPE YOUR NAME _____</p> <p>AUTHORIZED SIGNATURE _____ TITLE _____ DATE _____</p>