

NEW ACCOUNT APPLCIATION PLEASE TYPE OR PRINT ENTIRE APPLICATION

Full Legal Name/Business Entity	P	Phone #	Fax #
Doing Business As (DBA)			
Billing Address:	City S	tate Zip	
Physical Address:			
Shipping Address:			
Please Specify how to Ship Goods:			
Prepay & Add Collect, Specify Shipper you	have account with:		
Company Type: Proprietorship Partnership Franchise Corporation	S Corporation	LLC Other:	
Federal Tax ID:	State of Incorporation		
State Tax Resale #: (Include copy of resale certificate as part of this application.)			
Contact E-Mail Address(es):		Website:	
All Sales need to be paid in advance of shipping prod	uct.		
Please specify how you will pay: WIRE FUNDS	(CREDIT CARD(3.5°	% Fee)
The appropriate form will be provided to be filled out for payment with invoice.			
We hereby certify that the merchandise purchased on each order we shall give, and until this notice is revoked by us in writing, is purchased for resale as tangible personal property, or resale of a service subject to tax.			
Authorized Signature/Title:		_ Date:	_
PRINTED NAME CLEARLY :			