



Customer Application Form

Please fill out and fax this form to: (800) 767-9722

The following information must be completed in full, and will be kept in the strictest confidence.

COMPANY NAME:			
PHONE:	FAX:	WEBSITE:	
BUSINESS/BILL TO ADDRESS:			
CITY:	STATE:	ZIP CODE:	COUNTRY:
<input type="checkbox"/> Check this box if your shipping address is the same as your billing address.			
SHIP TO ADDRESS:			
CITY:	STATE:	ZIP CODE:	COUNTRY:
RESALE #:		FEDERAL TAX ID #:	
TYPE OF BUSINESS: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship			HOW MANY YEARS IN BUSINESS?:
TITLE	OFFICERS IN RESPONSIBLE PARTIES	SOCIAL SECURITY #	EMAIL ADDRESS
PAYMENT TERMS:			
<input type="checkbox"/> COD/Cashier Check		<input type="checkbox"/> TT-Wire Transfers	
<input type="checkbox"/> COD Company Check (Please attach a copy of voided blank check)		<input type="checkbox"/> Net Terms (Please fill out the Credit Application and Credit Card Authorization form for first order)	
<input type="checkbox"/> Credit Card (Please fill out the Credit Card Authorization form)			

MARKETING INFORMATION (OPTIONAL):
Please complete to receive information and updates on new products, company events, promotional offers and monthly specials.

Marketing Contact: _____
 Title: _____
 Fax #: _____
 Email Address: _____

PLEASE ATTACH A COPY OF THE SELLERS PERMIT WITH THIS APPLICATION

I swear or affirm that the information on this form is true and correct as to every material matter.

Authorized Signature:

X _____
Signature of Owner/Partner/Corporate Officer

Date: _____

Printed Name: _____