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NEW ACCOUNT CREDIT APPLICATION

Date: _____ Manufacturer: _____

Name of Firm: _____

Phone #: _____ Fax #: _____

Mailing Address: _____

City, State, Zip: _____

Shipping Address: _____

City, State, Zip: _____

Web Site: _____ E-mail address: _____

Accounts Payable Contact:

Number of Years in Business: _____ Resale Tax ID# _____

Previous Business Names and Locations: _____

Names, Addresses, & Titles Of Officers:

CLASSIFICATION: Janitorial Distributor Food Service Supply
 Paper Distributor Other: _____

Credit References (Preferably in the Sanitary or Paper Trades):

Name: _____ Phone #: _____
 Address: _____ Fax #: _____
 City, State, Zip: _____
 Contact Name: _____

Name: _____ Phone #: _____
 Address: _____ Fax #: _____
 City, State, Zip: _____
 Contact Name: _____

Name: _____ Phone #: _____
 Address: _____ Fax #: _____
 City, State, Zip: _____
 Contact Name: _____

Bank Information:

Name of Bank: _____ Acct. #: _____
 Address: _____ Phone #: _____
 City, State, Zip: _____ Fax #: _____
 Contact Name: _____

Signature: _____ Title: _____