

Account #: _____



New Account Application

- Dealer
- Distributor

BUSINESS INFORMATION

Company Name: _____
Billing Address: _____
City: _____ State: _____ Zip: _____
Shipping Address: _____
City: _____ State: _____ Zip: _____
Daytime Phone: _____
Fax # (if available): _____
Bus. License # (FEIN or SS#): _____
State Sales Tax ID #: _____
Website: _____
E-mail: _____

WHAT TYPE OF BUSINESS ARE YOU?

Proprietorship Partnership Corporation State of Inc.
Number Employees: FT _____ PT _____
Business Hour _____
Location: Residential Commercial
Date Business Started: _____

OWNER INFORMATION

Owner's Name: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Daytime Phone: _____

TERMS REQUESTED

Payment Methods: Mastercard VISA

***PRICING RATES AND SPECIFICATIONS:** All Published Prices (including shipping rates) are subject to change without notice.