



APPLICATION FOR OPEN ACCOUNT

Company Name: _____ Date: _____

Mailing Address: _____ Shipping Address: _____

Telephone No.: _____ Fax Number: _____

Business Type: ___ Corporation in State of _____ ___ Sole Proprietorship ___ Partnership

Number of Years in Business: _____ D&B Listed: ___ Yes ___ No

STATE TAX ID#: _____ FEDERAL ID#: _____

◆ WILL YOUR PURCHASES BE TAXABLE? ◆ ___ Yes tax all items ◆ ___ Exempt on some ◆ ___ Exempt on all items

◆◆◆◆ PLEASE SUBMIT A TAX EXEMPTION CERTIFICATE WITH YOUR APPLICATION

Accts. Payable Contact: _____ Email: _____ Phone: _____

Prefer invoices: • MAILED • FAXED/FAX # _____ • EMAILED/ADDRESS: _____

Purchasing Contact: _____ Email: _____ Phone: _____

Officers/Partners or Individual & Phone Number if different from above:

Name: _____ Title: _____ Phone: _____

Name: _____ Title: _____ Phone: _____

Name: _____ Title: _____ Phone: _____

Were you contacted by one of our Representatives? ___ Yes ___ No If YES, who? _____

Bank Reference: _____ Officer: _____

Phone: _____

Fax: _____

Trade References: Name: _____ Address: _____ Phone: _____ Email: _____

The above information is submitted for the purpose of opening an account and I certify that this information is true. We fully understand your NET 30 credit terms and agree to the proper payment in consideration of extended credit.

Signature/Title : _____

PLEASE FAX TO: 940-383-0319

OUR REMIT TO ADDRESS: PO BOX 50298, DENTON, TX 76206-0298