

CUSTOMER PROFILE FOR CUSTOMER ACCOUNTS

BUSINESS NAME: _____

TYPE OF BUSINESS: _____

MAILING ADDRESS: _____

SHIPPING ADDRESS: STREET/P.O. BOX CITY STATE ZIP

TELEPHONE NO. STREET CITY STATE ZIP FAX NO. _____

EMAIL ADDRESS _____

FEDERAL TAX ID _____ HOW LONG IN BUSINESS? _____

OTHER BUSINESS EXPERIENCE _____

FORM OF ORGANIZATION: CORPORATION PARTNERSHIP PROPRIETORSHIP _____ OTHER

OFFICERS/OWNERS: _____

NAME NAME

TITLE TITLE

SOCIAL SECURITY NUMBER SOCIAL SECURITY NUMBER

ACCOUNTS PAYABLE CONTACT _____ REQUESTED CREDIT _____

PERSONS AUTHORIZED TO ACCEPT AND/OR PURCHASE MERCHANDISE (BY NAME OR POSITION) _____

BANK REFERENCES _____

NAME OF BANK LOAN OFFICER

ADDRESS ACCOUNT NUMBER

CITY/STATE/ZIP TELEPHONE/FAX NO.

TRADE CREDIT REFERENCES 4 ARE REQUIRED

NAME NAME

MAILING ADDRESS MAILING ADDRESS

CITY/STATE/ZIP CITY/STATE/ZIP

CONTACT CONTACT

TELEPHONE/FAX NO. TELEPHONE/FAX NO.

NAME NAME

MAILING ADDRESS MAILING ADDRESS

CITY/STATE/ZIP CITY/STATE/ZIP

CONTACT CONTACT

TELEPHONE/FAX NO. TELEPHONE/FAX NO.

Please complete all required information. Incomplete applications will result in a delay in processing.

Until credit is approved, all orders are COD.

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