

CUSTOMER APPLICATION FORM

Account Number _____ (For Office Use Only)

BUSINESS FACTS

<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Corporation Other	<input type="checkbox"/> (explain)
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CUSTOMER WARRANTS THAT THE FOLLOWING INFORMATION IS ACCURATE AND COMPLETE (Note to existing customers; use this section when updating new address information)			
Name of Customer (Legal Name)		State Sales Tax Exemption ID# (Must Provide Copy)*	
Trade Name			
Mailing Address	City	State	Zip
Shipping Address	City	State	Zip
Phone Number	Fax Number		
Contact Person & Position			
Email			

I acknowledge that this is the correct address and any orders delivered to this address is my responsibility.

x _____