

Account Application



COMPANY CONTACT INFORMATION			
Contact Name:		Email Address:	
Business Phone:	Mobile Phone:	Fax:	
COMPANY REFERENCE INFORMATION			
Company Name:		Number of Years in Business:	
Principal/Owner's Name:	Business Phone:	Fax Number:	
E-Mail Address:		Website Address:	
Federal Tax ID/SSN:	Driver's License:	<input type="checkbox"/> Tax Exempt (If checked, please provide Tax Exemption Certificate)	
Billing Contact:		Shipping Contact:	
Billing Address:		Shipping Address:	
City:	State:	City:	State:
Zip Code:	Country:	Zip Code:	Country:
Payment Terms: <input type="checkbox"/> COD <input type="checkbox"/> Net 10		Recurring Method: <input type="checkbox"/> Bill <input type="checkbox"/> Auto Pay	<input type="checkbox"/> PO Required
BANK INFORMATION			
Bank Name:		Account Number:	
Contact Name:		Years With Institution:	
E-Mail Address:			
Bank Phone:		Fax Number:	
TRADE REFERENCES			
REFERENCE 1			
Company Name:			
Contact Name:		Years Done Business With:	
E-Mail Address:		Phone:	
Mobile Phone:		Fax Number:	
Address:			
City:	State:	Zip Code:	Country:
REFERENCE 2			
Company Name:			
Contact Name:		Years Done Business With:	
E-Mail Address:		Phone:	
Mobile Phone:		Fax Number:	
Address:			
City:	State:	Zip Code:	Country:
REFERENCE 3			
Company Name:			
Contact Name:		Years Done Business With:	
E-Mail Address:		Phone:	
Mobile Phone:		Fax Number:	
Address:			
City:	State:	Zip Code:	Country:
I hereby authorize our banks, trades and personal credit bureaus to release credit information to S&P Communications and/or its assignees.			
SIGNATURE		PRINTED NAME	DATE
FOR INTERNAL USE			
Delivery Method:		Additional Information:	
Account Representative:		Credit Limit Requested:	Approval if over \$500:
Payment Terms:		Credit Limit Approved:	Account #: