



**COMPANY INFORMATION**

**SHIPPING ADDRESS:**

Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_

**BILLING ADDRESS (if different):**

Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_

Please indicate any special billing instructions.

**CHECK ONE:**

- Corporation     Partnership     Proprietorship
- Check here if incorporated within the last 12 months    \_\_\_\_ Number of years in business

PRINCIPALS	TITLE	OTHER BUSINESS AFFILIATION
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**BANK REFERENCE**

Branch \_\_\_\_\_  
 Contact \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Account Number \_\_\_\_\_

- Check here if cash sale is satisfactory until credit has been approved

**TRADE REFERENCES (Creditors granting size of credit requested)**

**LIST ADDRESSES TO WHICH REMITTANCES ARE MADE.**

Company	Address	Phone	Fax
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Signature _____	Title _____		
Salesperson _____	Date _____		