



Customer Application

TRADE NAME _____ TELEPHONE _____
 EXACT CORP. NAME _____ FAX _____
 MAILING ADDRESS _____
 PHYSICAL ADDRESS _____

Type of Business: _____ President/Owner _____
 Number of years in Business: _____ V.Pres./Partner _____
 Parent Company: _____ Sec.Tres./Partner _____
 This Business is a : Corporation () Partnership () Individual ()
 Tax ID #: _____ Dunn & Bradstreet # _____
 Registered Agent of Service: _____ S.S. # if Individual: _____
 Web Page: _____ Email: _____

Billing Contact: _____ Phone: _____

Billing Address: _____ Fax: _____

Service Contact: _____ Phone: _____

Service Location: _____ Fax: _____

Sales Tax exemption certificate attached Yes () No ()

TRADE REFERENCES

Name: _____ Phone: _____
 Address: _____ Fax/Email: _____

Name: _____ Phone: _____
 Address: _____ Fax/Email: _____

Name: _____ Phone: _____
 Address: _____ Fax/Email: _____

Principle Bank: _____ Phone: _____
 Officer in Charge: _____ Fax/Email: _____

