



Company Name _____ Type of Business _____

Tax ID Number _____ Year Business Started _____ Sole Prop Partnership Corporation

Phone _____ Fax _____ Contact _____

Billing Address _____ City _____ State _____ Zip _____

Shipping Address _____ City _____ State _____ Zip _____

NAME AND HOME ADDRESSES OF OFFICERS, PARTNERS, OWNERS OR RESPONSIBLE PARTIES:

Name _____ Title _____ Phone _____

Street Address _____ City _____ State _____ Zip _____

Name _____ Title _____ Phone _____

Street Address _____ City _____ State _____ Zip _____

TRADE REFERENCES

Name _____ Phone _____ Fax _____ Account Number _____

Street Address _____ City _____ State _____ Zip _____

Name _____ Phone _____ Fax _____ Account Number _____

Street Address _____ City _____ State _____ Zip _____

BANK REFERENCE

Name _____ Phone _____ Fax _____ Account Number _____

Street Address _____ City _____ State _____ Zip _____

Paperless Billing _____ Email Address _____

I/we hereby agree to the terms, NET 30, unless otherwise stated. In the event of collection, customer pays all costs and collection fees. Any balande over 30 days is subject to a service charge of 1/5% /mo (18% /y)

Signature _____ Title _____ Date _____

GENERAL CONTINUING GUARANTEE (FOR CORPORATIONS ONLY)

In consideration of the extension of credit goods extended by the sessler mentioned, I/We:

Signature _____ Address _____ Date _____

Signature _____ Address _____ Date _____

The officers, do hereby jointly and personally guarantee the promp payment of any and all indebtednessof the applicaton to the seller according to the terms thereof. In case suit action is instituted to collect any portion of an account owed to any parties to the agreement, I / we promised to pay such additional sums as the court may judge.