



DATE: _____

OFFICE USE ONLY
OUTSIDE SALES #:
BRANCH #:

COD/CREDIT ACCOUNT APPLICATION

LEGAL COMPANY NAME:		
FEIN/TAX ID: <i>*ATTACH W9 FORM</i>	DUNS:	
TYPE OF BUSINESS:		NUMBER OF YEARS IN BUSINESS:
BUSINESS ENTITY (CHECK ONE): <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LLC <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> OTHER		
BILLING ADDRESS:		
CITY:	STATE:	ZIP CODE:
SHIP TO ADDRESS:		
CITY:	STATE:	ZIP CODE:
MAIN PHONE:	FAX NUMBER:	
PURCHASING CONTACT:		PHONE:

ACCOUNTS PAYABLE CONTACT:	PHONE:
FAX NUMBER:	EMAIL:

INVOICE PREFERENCE: <input type="checkbox"/> EMAIL <input type="checkbox"/> FAX <input type="checkbox"/> MAIL
INVOICES EMAIL:
TYPE OF ACCOUNT: <input type="checkbox"/> CREDIT <input type="checkbox"/> COD <i>*IF COD ACCOUNT, TRADE & CREDIT REFERENCES ARE NOT NEEDED</i>

TRADE AND CREDIT REFERENCES		
NAME:	ADDRESS:	
CITY:	STATE:	ZIP CODE:
PHONE:	FAX NUMBER:	

NAME:	ADDRESS:	
CITY:	STATE:	ZIP CODE:
PHONE:	FAX NUMBER:	

NAME:	ADDRESS:	
CITY:	STATE:	ZIP CODE:
PHONE:	FAX NUMBER:	

BANK REFERENCE		
NAME OF BANK:	ADDRESS:	
CONTACT:	ACCOUNTS MAINTAINED:	

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PRINTED NAME: _____	TAX EXEMPT? <input type="checkbox"/> YES <input type="checkbox"/> NO
SIGNATURE: _____	<i>* If yes, please include tax certification.</i>
TITLE: _____	TAX EXEMPT #: