



## NEW CUSTOMER APPLICATION

**IF YOU WOULD LIKE TO APPLY FOR A CREDIT LINE, PLEASE REQUEST A CREDIT APPLICATION.  
UNTIL A CREDIT LINE IS ESTABLISHED - ALL ORDERS MUST BE PRE-PAID.**

### GENERAL INFORMATION

Business Name			
Business Address			
Ship To Address <i>If Different from billing address</i>			
*Resale #		Cell #	
Phone #		Fax #	

**\*OWNER'S NAME:** \_\_\_\_\_

**PLEASE CIRCLE:**    CORPORATION    LLC    PARTNERSHIP    SOLE PROPRIETORSHIP

Sales Contact:			
Sales Email:			

**\* Required to Process**

### RECEIVING INFORMATION

Hours of Receiving	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Do you have a Forklift?		Y	N	Do you have a loading dock?		Y	N

### ACCOUNTS PAYABLE CONTACT

Contact Name			
Email			
Phone #		Fax #	

**AUTOMATIC CREDIT CARD:** *The following credit card will be charged when you place an order.*

Type of Card <i>(Please circle one)</i>	VISA	MC	DISCOVER
Card Number		Exp Date:	Sec. Code:
Billing Address			

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