

## **NEW CUSTOMER ACCOUNT APPLICATION**

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COMPANY NAME:		PHONE:
STREET ADDRESS:		
CITY:		
BILLING ADDRESS (IF DIFFERENT FROM ABOVE): _		
CITY:	STATE:	ZIP:
EMAIL:		
COMPANY IS A: CORPORATION PARTNERS	SHIP PROPRIETORS	fip □ L.L.C. □P.L.C
CORPORATE REGISTRATION NO.	V.A.T. NO	ANNUAL SALES
ARE FINANCIAL STATEMENTS AVAILABLE? YES	S □ NO # YEARS	S IN BUSINESS
NOTE: IF IN BUSINESS LESS THAN FIVE YEARS, YOU MUST COMPLETE PERSONAL GUARANTEE		
COMPANY DIRECTORS/OFFICERS/PRINCIPAL		
NAME 1:		TITLE:
HOME ADDRESS:		
NAME 2:		TITLE:
HOME ADDRESS:		
NAME 3:		TITLE:
HOME ADDRESS:		PHONE:
BANK	KING DETAILS	
BANK NAME:		ACCOUNT #:
BRANCH ADDRESS:	_ CITY/STATE/ZIP:	
BANK CONTACT NAME:		PHONE:
TRADE	REFERENCES	
VENDOR 1:	CONTACT:	
PAYMENT ADDRESS:		
PHONE:		
VENDOR 2:		
PAYMENT ADDRESS:		
PHONE:	_ FAX:	_ ACCOUNT #:
VENDOR 3:		
PAYMENT ADDRESS:		
PHONE:	_ FAX:	_ ACCOUNT #:

