

A. APPLICANT

Legal Business Name: _____
 List all Trade Names, DBA's, Divisions or Subsidiaries

Street Address: _____ City: _____ State: _____ Zip Code: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____
 (For Invoice)

Phone: _____ Fax: _____ E-Mail: _____

Person to contact for payment: _____ Title: _____ Phone Number: _____

B. BUSINESS INFORMATION

Federal Tax ID Number: _____ How Long In Business? _____

Sales Tax Status: Taxable Exempt (Original exemption certificate must accompany application)

Business Status: Corporation Partnership Proprietorship Division Subsidiary Non Profit Corp. Individual

Are Purchase Orders required? Yes No Are there any Judgements against you? Yes No

Annual Sales (Current Year): _____ Annual Net Income/Loss (Current Year): _____

Annual Sales (Prior Year): _____ Annual Net Income/Loss (Prior Year): _____

If owned by another Co., Parent Co. Name/Address: _____

Name(s) of Principles	Title	Complete Address	Phone
1)			
2)			
3)			

C. BANKING INFORMATION

Bank Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Contact: _____ Account Number: _____

I hereby authorize the bank named above to release information requested for the purpose of obtaining and/or reviewing credit

D. TRADE REFERENCES

Company Name:	Account #:
E-Mail	Telephone:
Address:	City:
Company Name:	Account #:
E-mail:	Telephone:
Address:	City:

Please Initial	All invoices are due according to the terms printed on the invoice. A service charge of 1-1/2% per month may be assessed on delinquent invoices.
Please Initial	In the event of default, and if this account is turned over to an agency and/or attorney for collection, the undersigned agrees to pay the amount in default plus collection fees. Any items stored or digitally stored will be destroyed when customer account has not paid in full.
Please Initial	A charge of \$25.00 per check for checks returned NSF.

The preceding information is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize Thomson-Shore, Inc. to investigate all references and customary credit information sources including consumer credit reporting repositories regarding my/our credit and financial responsibility for the purpose of obtaining credit and for periodic review for the purpose of maintaining the credit relationship.

Company Name: _____

Authorized Signature: _____ Date: _____

Print Name: _____ Title: _____