



APPLICATION FOR ACCOUNT

2395 Arbor Tech Drive, Hebron, KY 41048
Phone: 1-800-999-5558 • Fax: 1-800-451-4944

v.8-06

<input type="checkbox"/> ORDER PENDING	Date _____
Inside Salesman # _____	Outside Salesman # _____
Small Goods _____	
Taken By _____	
Customer #: _____	

FOR IN-HOUSE USE ONLY DO NOT WRITE ABOVE LINE

Store Name: _____ Date Established: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____

Owner's Name/Buyers Name _____ Home Phone: _____

Shipping Addresses: 1. _____ 2. _____

List All Authorized
Buyers & their Depts.

Business is: Corporation Partnership Proprietorship **TAX ID #** _____

Total Annual Sales \$ _____ email address _____
website address _____

I Request that my invoices Come with the Order Be Mailed Faxed to Above Fax # E-Mail

Terms Requested: C.O.D. Certified Open Account C.O.D. Company Check
 Credit Card:
 Discover M.C. Visa # _____ / _____ / _____ / _____ exp. ____ / ____

Name as Listed on Charge/Debit Card: _____

Trade References: (Suppliers & Finance Companies you have done business with recently)

Company	Terms	Acct. #	Phone/Fax
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I, the undersigned, acknowledge that the above information is true and correct to the best of my knowledge.

Signed: _____ Title: _____ Date: _____

Multiple Locations: Yes No