



Please complete form & fax back to: (804) 525-7660

NAME \_\_\_\_\_ DBA \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ FAX # \_\_\_\_\_

IS SHIPPING ADDRESS DIFFERENT FROM BILLING ADDRESS? YES NO
IF YES, PLEASE LIST COMPLETE SHIPPING ADDRESS \_\_\_\_\_

COMPANY LISTED IN DUN AND BRADSTREET? YES NO
IF YES, GIVE THE NAME AND LOCATION OF COMPANY HEADQUARTERS \_\_\_\_\_

DUNS #: \_\_\_\_\_ RATING \_\_\_\_\_

PLEASE CIRCLE ONE: PROPRIETORSHIP PARTNERSHIP CORPORATION

INCORPORATED IN: \_\_\_\_\_ STATE \_\_\_\_\_ YEAR \_\_\_\_\_

NAME OF OWNER, PARTNERS, OR OFFICERS (FULL NAME AND ADDRESS)

1. \_\_\_\_\_

2. \_\_\_\_\_

LINE OF BUSINESS \_\_\_\_\_ SIC CODE \_\_\_\_\_

LENGTH OF TIME IN BUSINESS \_\_\_\_\_ YEARS

TAX EXEMPT NUMBER \_\_\_\_\_

TRADE REFERENCES (LIST FULL NAME, ADDRESS AND TELEPHONE NUMBER WITH AREA CODE)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

BANK REFERENCE (LIST FULL NAME, ADDRESS AND TELEPHONE NUMBER WITH AREA CODE)

CHECK SAVINGS (CIRCLE ONE)

ACCOUNT NUMBER \_\_\_\_\_ BANK CONTACT \_\_\_\_\_

PLEASE INDICATE YOUR ACCOUNTING PROCEDURES FOR PAYING INVOICES \_\_\_\_\_

ACCOUNTS PAYABLE CONTACT \_\_\_\_\_ PURCHASING CONTACT \_\_\_\_\_

PURCHASE ORDER NUMBER REQUIRED? YES NO (CIRCLE ONE) LINE OF CREDIT REQUIRED \$ \_\_\_\_\_

Our terms net 30 days. A service charge of 2% may be added to the unpaid balance of past due accounts. All claims for refunds, exchanges, or credits due to losses, damages and shortages must be made within (5) days, otherwise the order will be considered complete. there is a \$20.00 charge for each NSF check received if an account is placed with a collection agency or an attorney, debtor assumes responsibility for all expenses incurred.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

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