



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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