



APPLICATION FOR
OPEN ACCOUNT TERMS

COMPANY NAME		BILLING ADDRESS	
SHIPPING ADDRESS (IF DIFFERENT FROM BILLING ADDRESS)		CITY, STATE, ZIP CODE	
TELEPHONE		IF SUBSIDIARY OR BRANCH, PARENT COMPANY NAME	
BUSINESS STRUCTURE (CORP, PARTNERSHIP, SOLE PROPRIETOR)		ADDRESS OF PARENT COMPANY	
FED TAX I.D. OR SOC. SEC. NO.	TYPE OF BUSINESS	CREDIT LIMIT REQUESTED	

COMPANY PRINCIPALS	TITLE	ADDRESS (INCLUDING CITY, STATE, ZIP)

TRADE REFERENCES	MAILING ADDRESS	CITY, STATE, ZIP	TELEPHONE NUMBER

FINANCIAL REFERENCE			
BANK NAME		STREET OR P.O. BOX NO.	
TELEPHONE	ACCOUNT NUMBER	CITY, STATE, ZIP	CONTACT

TERMS AND CONDITIONS	
<p>OPEN ACCOUNT TERMS OF SALE: NET 30 DAYS - PAST DUE THEREAFTER</p> <p>1. The undersigned certifies that all information is correct and authorizes the bank and trade references listed to release the information necessary to establish credit.</p> <p>2. If the account becomes delinquent and is turned over to a collection agency or attorney for collection, the undersigned agrees to pay all collection fees and/or attorney's fees and cost of collection.</p> <p>3. The undersigned acknowledges that the goods and/or services purchased from Proforma are payable in full as state herein and not subject to installments.</p> <p>4. Please provide the appropriate Credit Card information for use on small orders, less than \$500, or delinquent accounts - Name on Account, Card Number, Expiration Date and type of card.</p>	
PRINT OR TYPE YOUR NAME _____	
AUTHORIZED SIGNATURE _____	TITLE _____ DATE _____
PERSONAL GUARANTEE OF PRINCIPAL _____	DATE _____