

CUSTOMER CASH ACCOUNT APPLICATION AND AGREEMENT

APPLICANT INFORMATION

APPLICANT NAME (S) (Person/Business applying for Credit)		TRADE NAME (If Applicable, DBA Name)			YEARS IN BUSINESS
POSTAL ADDRESS	STREET ADDRESS		E-MAIL ADDRESS		AREA CODE - TELEPHONE #
CITY		COUNTY	STATE	ZIP CODE	CONTACT NO.
SHIPPING ADDRESS, CITY, STATE, ZIP (IF DIFFERENT FROM ABOVE)					
BILLING ADDRESS, CITY, STATE, ZIP (IF DIFFERENT FROM ABOVE)					
TYPE OF BUSINESS STRUCTURE (CHECK ONE): <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> SOLE PROPRIETOR OTHER – INDICATE: _____ <input type="checkbox"/> LLC (Limited Liability Company) <input type="checkbox"/> LLP (Limited Liability Partnership)					
STATE OF ORGANIZATION		STATE ORGANIZATION NUMBER		FEDERAL TAX ID NO.	
In the following boxes, provide an email address or addresses for electronic delivery of invoices and account statements.					
E-MAIL ADDRESS (Max. 40 characters)			E-MAIL ADDRESS (Max. 40 characters)		
E-MAIL ADDRESS (Max. 40 characters)			E-MAIL ADDRESS (Max. 40 characters)		

Date	Applicant's Signature	Applicant Name, Title
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