



**A. Applicant**

Legal Business Name of Applicant: \_\_\_\_\_ Country: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Business Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Billing Address: : \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

**B. Type of Business**

Please Select One: Sole Proprietorship Partnership Corporation LLC

State of Organization: \_\_\_\_\_ Years in Business: \_\_\_\_\_ Number of Employees: \_\_\_\_\_ Number of Trucks: \_\_\_\_\_

Please Select One: Service Commercial Residential New Construction Other: \_\_\_\_\_

Please Select One: Plumbing HVAC Electrical Other: \_\_\_\_\_

Sale Tax Exempt: No Yes (Please attach Certificate) Credit Line Requested: \_\_\_\_\_

Purchase Order Required: No Yes Federal Tax ID: \_\_\_\_\_ Estimated Monthly Purchases: \_\_\_\_\_

A/P Contact: \_\_\_\_\_ A/P Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**C. Principal/Officer**

Title: \_\_\_\_\_ Name: \_\_\_\_\_

City/State: \_\_\_\_\_ SSN#: \_\_\_\_\_ Phone: \_\_\_\_\_

**D. Trade/ Bank References**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Acct #: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Acct #: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Acct #: \_\_\_\_\_

Bank: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Acct #: \_\_\_\_\_

**E. Signatures**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_