



Excellent Service Since 1929
NEW ACCOUNT APPLICATION

From: _____ ID: _____

Phone Number: _____

Address: _____

Years at this address: _____

** Our normal credit terms are payable within 15 days. The following information must be provided. The following must be provided. It will be held in the strictest confidence.

Please check one:

Corporation ☐

Partnership ☐

Individual ☐

1. _____

Name(s) of principal(s)

Complete address

Phone #

2. _____

3. _____

Bank

Bank Account#

Bank Address

Phone #

☐ Check here if cash sales are okay until credit is approved.

We certify that all the information on this form is correct. We fully understand your credit terms and agree to the proper payment in consideration of extended credit.

Signed: _____ Date: _____

Title: _____