



**\*YOUR COMPANY HAS REQUESTED AN OPEN ACCOUNT\***

*PLEASE TAKE A FEW MINUTES TO COMPLETE ALL INFORMATION ON THIS FORM AND RETURN TO OUR CREDIT DEPARTMENT AT THE ABOVE FAX NUMBER SO WE CAN PROCESS YOUR REQUEST.*

DATE \_\_\_\_\_ DUNS NUMBER \_\_\_\_\_  
BUSINESS NAME \_\_\_\_\_  
BILLING ADDRESS \_\_\_\_\_  
SHIPPING ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
A/P CONTACT NAME \_\_\_\_\_ A/P PHONE \_\_\_\_\_ A/P FAX \_\_\_\_\_  
EMAIL FOR A/P CONTACT \_\_\_\_\_  
A/P EMAIL FOR ELECTRONIC INVOICING \_\_\_\_\_

**VENDOR REFERENCES**

COMPANY \_\_\_\_\_ ACCOUNT# \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ FAX \_\_\_\_\_

COMPANY \_\_\_\_\_ ACCOUNT# \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ FAX \_\_\_\_\_

COMPANY \_\_\_\_\_ ACCOUNT# \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ FAX \_\_\_\_\_