



OPEN ACCOUNT INFO & SALES AGREEMENT

PHONE 1-800-628-8178

FAX 1-800-241-5177

NAME OF FIRM OR INDIVIDUAL			PHONE NO ()
ADDRESS			FAX NO ()
CITY	STATE	ZIP	# YEARS AT THIS ADDRESS

Does hereby apply for an open account in accordance with the terms and conditions of:
Please provide the following information for our accounting records:

Name(s) of Individuals Authorized to Make Purchases	Title	Phone
1.		
2.		
3.		

FINANCE:	TAX ID#
Name of Bank	
Address	City: State: Zip:
Bank Officer or Department	

TRADE REFERENCE			
Business Name	Address	City	State Zip
1.			
Phone No.	Fax No.		
2.			
Phone No.	Fax No.		
3.			
Phone No.	Fax No.		

We certify that the above information is correct. We fully understand your credit terms and agree to proper payment in consideration of open account status:		
Signature	Title	Date