



NEW CUSTOMER ACCOUNT INFORMATION

COMPANY NAME: _____ DATE _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FAX _____

____ CORPORATION ____ PARTNERSHIP ____ PROPRIETORSHIP

DUN & BRADSTREET NUMBER: _____
(CREDIT CHECK MAY BE PERFORMED ON ALL POTENTIAL CUSTOMERS)

ACCOUNTS PAYABLE INFORMATION:

CONTACT NAME: _____ EMAIL: _____

TAX INFORMATION:

____ NON-EXEMPT ____ EXEMPT CERTIFICATE NUMBER: _____
(IF EXEMPT, COPY OF EXEMPTION CERTIFICATE MUST BE ATTACHED)

BANKING REFERENCES:

NAME OF BANK: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

ACCOUNT NUMBER: _____

CONTACT NAME: _____

TELEPHONE: _____ FAX: _____

BUSINESS REFERENCES:

1. COMPANY NAME: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

CONTACT PERSON: _____

2. COMPANY NAME: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

CONTACT PERSON: _____

3. COMPANY NAME: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

CONTACT PERSON: _____

IN CONSIDERATION OF ANY SERVICE COMPANY, giving or extending credit to applicant/s. I/we hereby continuing and unlimited guaranty to SERVICE for payment in full, upon demand of any indebtedness, interest, or all fees, and charges whatsoever nature and kind, hereinafter collectively referred to as indebtedness of applicant/x to SERVICE now existing or hereinafter arising. I/we bind and obligate myself/ourselves, heir's successors, and /or assigns, in solido, with said applicant for payment of indebtedness, hereby waiving all notice and pleas of discussion and division. If SERVICE employs and attorney for collection of indebtedness, I/we agree that this continuing and unlimited guaranty is absolute and complete, expressly waive acceptance and notice thereof by SERVICE, and same shall remain in full force and effect until written notice of its discontinuance, but such discontinuance shall not affect my liability for any indebtedness the existing.

I/we understand that this account is to be paid with SERVICE'S terms which are net 30 days. I/we realize that should I/we fail to comply with regular payment terms or should any check be returned N.S.F. this will automatically place this account on C.O.D. and any credit established will be withdrawn. It is further agreed that I/we will pay a service charge when the account becomes 30 days past due of 1.5% monthly, 18% annum. I/we agree to pay all attorney fees on all collections.

Signature: _____

Print: _____

Title: _____