



# Account Application

Print this form. Fill it out as completely as possible.  
Then call us at (404) 351-3589 or fax us at (404) 351-3567

Business Type: Sole Proprietorship Partnership Corporation \_\_\_\_\_ Years in Business

Federal Tax ID#: \_\_\_\_\_ Driver's License#: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Person to contact regarding purchase orders and invoice payments:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

BANK REFERENCE	BANK ACCOUNT #, CONTACT, PHONE #
_____	_____
_____	_____

TRADE REFERENCES: COMPANY NAME, ADDRESS, CONTACT AND PHONE #

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The above information is submitted for the purpose of opening an account and I do hereby certify this information to be true.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_