



**TERMS REQUESTED:**  PREPAID (Wire transfer, ACH)  
(Indicate preference)  COD

CREDIT CARD (MasterCard & VISA only) D  
NET TERMS - Credit Line Requested \$ \_\_\_\_\_

**TRADE REFERENCES (RELATED INDUSTRY PURCHASES DURING THE PAST 12 MONTHS)**

Name Address Telephone Fax# Account# \_\_\_\_\_

Name Address Telephone Fax# Account# \_\_\_\_\_

Name Address Telephone Fax# Account# \_\_\_\_\_

**BANK REFERENCES - PLEASE COMPLETE FULLY (If more than one, please attach list)**

Bank Name \_\_\_\_\_ Account Officer's Name \_\_\_\_\_

Checking Account Number \_\_\_\_\_

Address (Street, City, State, Zip Code & Country) \_\_\_\_\_

Savings Account Number \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Loan Number \_\_\_\_\_

**CREDIT CARD INFORMATION - PLEASE COMPLETE FULLY**

Check One  Visa  MasterCard  AMEX

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on Card \_\_\_\_\_

I am an authorized signer on the above card and hereby give permission to bill my credit card when requested.

Print Name \_\_\_\_\_

Billing Address for Card Holder \_\_\_\_\_

(Street/P.O. Box, City, State, Zip)

Telephone Number at the Billing Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Do you have a State Sales Tax Certificate (for Product Resale) in the state in which your company does business?  Yes  No**

**Tax Certificate # \_\_\_\_\_ State \_\_\_\_\_**

**PLEASE FAX BACK TO: (810) 821-6940**