

Rep Name: _____

New Account Form

Company Information:

Business Name: _____ Phone: _____

Street: _____ City: _____ State: ____ Zip: _____

If billing address is different from shipping address, please note on line below:

Nature of Business: Retail ____ Wholesale ____ Lab ____ Distributor ____ Other ____

Owner(s), Partners: Name _____ Position _____

Name _____ Position _____

PREFERRED PAYMENT METHOD: Check ____ Credit Card ____ ACH ____

Billing Email Address (for emailed statements) _____

Please let us know if you prefer paper statements.

E-MAIL ** May we contact you via E-mail to announce any specials/company updates? Yes ____ No ____

Email Address: _____ Contact Person for email: _____

TRADE REFERENCES: Please provide the following information for credit verification

1) Company Name: _____ Acct. # _____

Phone: _____ Fax: _____

2) Company Name: _____ Acct. # _____

Phone: _____ Fax: _____

By signing below, you acknowledge you are an authorized signer for the company listed on this information sheet:

Authorization Signature _____ Date _____

Printed Name of Signer _____ Title _____

Please attach a Current Resellers Permit

Payment Policy: Terms as stated on Invoice, Finance charge of 1.5% per month will be assessed on past due amounts with \$1.00 minimum. Please help us keep our costs down and remit all payments promptly. Thank you.