



Customer Application Form

Please fill out and fax this form to: (949) 598-9519

The following information must be completed in full and will be kept in strictest confidence.

COMPANY NAME:

PHONE:

FAX:

WEBSITE:

ADDRESS:

CITY:

STATE:

ZIP CODE:

Is your shipping address the same as your billing address: YES NO

SHIP TO ADDRESS:

CITY:

STATE:

ZIP CODE:

RESALE#:

FEDERAL TAX ID#:

TYPE IF BUSINESS: Corporation LLC Sole Proprietorship

YEARS IN BUSINESS:

TITLE

OFFICERS IN RESPONSIBLE PARTIES

EMAIL ADDRESS

PAYMENT TERMS:

--- COD/Cashier Check ---- Credit Card(Please fill out the Credit Card Authorization form)

---- TT-Wire Transfer ----- COD Company Check (Please attach a copy of voided check)

----- Net Terms (Please fill out Credit Application and Credit Card Authorization form for first order)

-----PLEASE ATTACH A COPY OF YOUR SELLER PERMIT-----

I affirm that the information on this form is true and correct:

AUTHORIZED SIGNATURE..... DATE: -----

Printed Name: ----- Title:-----