

NEW CUSTOMER REFERENCE SHEET

Company Name:	Phone:		
DUNS # (if applicable):	Fax:		
	-		
Billing Address:	Parent Company (subsidiary division)		
	City	State	Zip
	City	State	Σιρ
If sole proprietor or partnership, social security numbers are required.			
() Sole Proprietor () Partnership () Corporation	•		
Social Security Number:	Sales Tax Exemption Number:		
Owners' and/or Principals" Name and Title:			
Accounts Payable Manager:			
References: PLEASE INCLUDE FAX NUMBERS, THIS	WILL EXPEDITE `	YOUR APPLIC	ATION
PLEASE SEE ATTACHED BANK AND TRADE			
Bank Name and Address:	Bank Official's Name: Phone Number:		
	Fax Number:		
Account Type: () Checking () Savings () Other			
Account Number:	T		
Trade Reference Name and Address:	Contact Person: Phone Number:		
	Fax Number:		
Trade Reference Name and Address:	Contact Person:		
	Phone Number:		
	Fax Number:	Fax Number:	
Trade Reference Name and Address:	Contact Person: Phone Number:		
	Fax Number:		
Trade Reference Name and Address:	Contact Person:		
	Phone Number:		
	Fax Number:		
**Financial Statements: Attach copies of your company's I	atest internally pre	pared financial	statement and
last full year's audited financial statements; Balance Shee	t, Statement of Op	erations, and S	tatement of Cash
Flow.**			
We certify that all information provided will be held	-	formation given	is, to my knowledge,
strictly confidential and used only in establishing a	true and correct.		
credit line for your business.			
	Signature/Title		Date