



## Corporate Account Application

### COMPANY INFORMATION: (Please Print)

Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ State: \_\_\_\_\_  
 Telephone : (\_\_\_\_) \_\_\_\_\_ Fax : (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_  
 Name of person opening account: \_\_\_\_\_

### ACCOUNTS PAYABLE INFORMATION:

Contact name: \_\_\_\_\_ Position held: \_\_\_\_\_  
 Telephone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Select which billing you prefer: Please Circle Number.

1. Charge credit card on file, after every run, and email or fax receipt.
2. Charge credit card on file, once a month and email or fax receipt.
3. Bill company directly, once a month. Payment terms: 14 days net.
4. Other. Please write below.

If selected 1 or 2 above, please provide credit card to be charged.

\_\_\_\_\_ Exp: \_\_\_\_\_ Security Code: \_\_\_\_\_

Authorized Signature. \_\_\_\_\_ Print name: \_\_\_\_\_

### TRADE REFRENCES:

Company name: \_\_\_\_\_ Contact name: \_\_\_\_\_  
 Telephone: (\_\_\_\_) \_\_\_\_\_ City: \_\_\_\_\_ STATE: \_\_\_\_\_ Zip: \_\_\_\_\_

Company name: \_\_\_\_\_ Contact name: \_\_\_\_\_  
 Telephone: (\_\_\_\_) \_\_\_\_\_ City: \_\_\_\_\_ STATE: \_\_\_\_\_ Zip: \_\_\_\_\_

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 Telephone: (\_\_\_\_) \_\_\_\_\_ City: \_\_\_\_\_ STATE: \_\_\_\_\_ Zip: \_\_\_\_\_

