



COMMERCIAL CUSTOMER ACCOUNT APPLICATION

Date of Application: _____

Company Name:	Company Phone #:
Account Contact Name:	Account Contact Phone #:
Service (Delivery) Address:	In business since:
City, State, Zip:	Legal Type of Company:
Billing Address: (if different than service address)	Estimated Monthly Purchase Volume:
City, State, Zip:	Do you require a PO# for deliveries/purchases? YES or NO
Email Address:	Preferred Method of Billing: MAIL or E-MAIL
<u>Credit Reference – Creditor – Contact Name</u>	<u>Phone - Email</u>
1.	
2.	
3.	
<i>Applicant Signature:</i>	<i>Date:</i>

*A SERVICE CHARGE OF 1 ½% PER MONTH (18% PER ANNUM) WILL BE ADDED TO ALL OVERDUE INVOICES PAST 30 DAYS.