

Account Information

Name _____

Address _____

City, State, ZIP+ 4 _____ E-mail address: _____

Phone _____ Fax _____ Sales Tax Exemption # _____

Name of person(s) to contact: _____

Are billing and shipping addresses same? Yes No If no, explain in "Remarks" below.

Unless you are an Open Terms Customer, your orders will be sent C.O.D. or will be held for payment at your request. We accept Mastercard and Visa. Your invoice (bill) will be mailed to you the same day the order is shipped. Pay from this invoice--we only send statements to overdue accounts!

Request for Open Terms

If you are given Net 30 day terms, we expect to receive payment within 30 days of our invoice date.

Past due amounts are charged 1.5% per month (18% A.P.R.) or a minimum of \$2.00/ month.

If you desire to apply for open terms, please list below a minimum of four (4) trade references and your account number with each. Do not list financial institutions. Please give complete addresses. We send our requests by mail. PLEASE PRINT OR TYPE INFORMATION.

#1 _____ Acct# _____

#2 _____ Acct# _____

#3 _____ Acct# _____

#4 _____ Acct# _____

#5 _____ Acct# _____

#6 _____ Acct# _____

Remarks: _____

Authorized Signature and Date