



1015 Bluefield Avenue  
 Bluefield, WV 24701  
 Phone: 304-325-2223  
 Fax: 304-325-2229

COMPANY NAME: \_\_\_\_\_  
 OWNER: \_\_\_\_\_  
 BILLING ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 TELEPHONE \_\_\_\_\_  
 FAX \_\_\_\_\_  
 ACCOUNTS PAYABLE CONTACT \_\_\_\_\_

\*ESTIMATED MONTHLY PURCHASES \_\_\_\_\_

COMPANY FEIN \_\_\_\_\_  
 INDIVIDUAL SSN \_\_\_\_\_

TAXABLE.....Y N  
 (IF NO, PLEASE PROVIDE TAX EXEMPTION FORM)

PURCHASE ORDER NECESSARY.....Y N

INVOICE COPIES REQUESTED?.....Y N  
 (CHECK WHICH YOU PERFER)

\_\_\_ MAIL  
 \_\_\_ FAX  
 \_\_\_ E-MAIL \_\_\_\_\_

**TRADE REFRENCES**  
 (credit cards, secured loans, banks and personal references are not accepted)

1.)NAME _____	2.)NAME _____
ADDRESS _____	ADDRESS _____
PHONE _____	PHONE: _____
FAX _____	FAX _____

3.)NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

FAX \_\_\_\_\_

4.)NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

FAX \_\_\_\_\_

*I certify that the above information is complete and accurate. I authorize an investigation of my credit and employment history and the release of any information about my credit experience with lenders. I fully understand your credit terms and agree to the proper payment in consideration of extended credit.*

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**All invoices are due by the 10<sup>th</sup> of the following month, generated by invoice date... unless prior arrangements are agreed on.**

FOR OFFICE USE  
ONLY

DATE: \_\_\_\_\_

SALESMAN: \_\_\_\_\_

BRANCH: \_\_\_\_\_

TYPE: \_\_\_\_\_

ACCOUNT#: \_\_\_\_\_