



6175 Hickory Flat Hwy, Ste 110-174 • Canton, GA 30115 • (770) 924-4431 • Fax: (770) 924-4321

ACCOUNT ESTABLISHMENT FORM

Please complete all requested information which is needed to establish your account. This information will be considered confidential.

COMPANY NAME: _____	DUNS #: _____
STREET ADDRESS: _____	CITY/STATE/ZIP: _____
INVOICE ADDRESS: _____	CITY/STATE/ZIP: _____
PHONE: (____) _____	FAX: (____) _____
OWNER: _____	PRESIDENT: _____
ACCTS. PAYABLE: _____	PURCHASING MGR: _____
TYPE OF BUSINESS: _____ CORPORATION	BANK REFERENCE: _____
_____ PARTNERSHIP	ADDRESS: _____
_____ SOLE PROPRIETOR	TELEPHONE: _____
COUNTY: _____	SS # _____
SALES TAX EXEMPT # _____ (attach certificate copy)	ACCOUNT #: _____

CREDIT REFERENCES

NAME: _____ ADDRESS: _____ CITY/STATE/ZIP: _____ PHONE: _____ FAX: _____ ACCOUNT # _____	NAME: _____ ADDRESS: _____ CITY/STATE/ZIP: _____ PHONE: _____ FAX: _____ ACCOUNT # _____
NAME: _____ ADDRESS: _____ CITY/STATE/ZIP: _____ PHONE: _____ FAX: _____ ACCOUNT # _____	NAME: _____ ADDRESS: _____ CITY/STATE/ZIP: _____ PHONE: _____ FAX: _____ ACCOUNT # _____