



Please complete and fax back to 661-775-0564 Attach additional information, if necessary.
The set up of new credit accounts is limited at this time. New accounts will generally need to prepay orders before shipment.
If credit is approved, Visa / Mastercard is required for first order. Net 10 on second order, and Net 30 on subsequent orders.

Company Information

Company Name: # of Years in Business
of Locations: Types of Sales Channels Used:
Billing Address:
Tel: Fax: Email:
Web Address:
Type of Business: Wholesale distributor Retail store Other:

Corporation/Officer Information

Organization Type: Corporation Partnership Sole Proprietorship Other
Federal ID # CA Sales Permit #
(Copy of permit needed if located in California)
Primary Contact Name/Position: Phone:
President/Owner(s): Phone:
Purchasing Manager: Phone:
Accounts Payable Manager: Phone:

Bank/Finance Information

Bank Name and Address:
Deposit Account#: Tel: Fax #:

Trade References: (Please provide at least 3 current references with up-to-date contact info)

1. Business Name: Address:
Telephone #: Fax #:
2. Business Name: Address:
Telephone #: Fax #:
3. Business Name: Address:
Telephone #: Fax #:

Authorized Name/Signature:
Title: Date:



Please complete and fax back to **661-775-0564** Attach additional information, if necessary. .

Shipping Information

Shipping Address (If different than billing address) _____

Special Shipping / Delivery Instructions: _____

UPS Account # to use for Freight Collect Shipments: _____

Market Information

Type of Business: _____ Safety Supply _____ Contractor, Construction Supply
 _____ Consumer Wholesaler _____ General Retail
 _____ Janitorial, Restaurant, Medical Supply _____ Hardware, Tool, Industrial Supply
 _____ Other _____

Current Purchasing Information (Items you may be interested in purchasing from us)

ITEM	PRICE	ANNUAL QUANTITY	SUPPLIER

Notes

