



110 WILLIAM STREET, 14TH Floor
NEW YORK, NY 10038

PHONE: (212) 363-1111
FAX: (212) 363-6214

NEW CLIENT APPLICATION

NAME OF BUSINESS _____

LEGAL NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

FEDERAL ID # _____

ANTICIPATED MONTHLY PURCHASES _____

CREDIT LIMIT REQUESTED _____

PERSONS AUTHORIZED TO ORDER SERVICES/HARDWARE

NAME _____ TEL _____ FAX _____

NAME _____ TEL _____ FAX _____

ACCOUNTS PAYABLE CONTACT:

NAME _____ TEL _____ FAX _____

YOUR COMPANY PROFILE

YEAR ESTABLISHED _____

TYPE OF BUSINESS _____

BUSINESS STRUCTURE _____

PRESIDENT/OWNER _____

PURCHASING MANAGER _____

FINANCIAL MANAGER _____

TOTAL NO. OF EMPLOYEES _____

ANNUAL SALES VOLUME _____

CREDIT INFORMATION

PLEASE LIST (3) TRADE REFERENCES

1) NAME _____ PHONE _____ A/C NO. _____ CONTACT _____

2) NAME _____ PHONE _____ A/C NO. _____ CONTACT _____

3) NAME _____ PHONE _____ A/C NO. _____ CONTACT _____

NAME OF BANK _____ BRANCH _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

PRIMARY A/C # _____ SECONDARY A/C # _____

CONTACT _____ PHONE _____

IS YOUR COMPANY TAX EXEMPT YES _____ NO _____ (IF SO, PLEASE ENCLOSE A COPY OF YOUR RESALE CERTIFICATE)
THE UNDERSIGNED HEREBY AUTHORIZES THE ABOVE LISTED BANK TO RELEASE ALL CREDIT INFORMATION THAT MAY BE
REQUIRED.

SIGNATURE _____ TITLE _____ DATE _____