

## ACCOUNT APPLICATION FOR A BUSINESS ACCOUNT

### BUSINESS CONTACT INFORMATION

Title:

Company name:

Phone:

Fax:

E-mail:

Registered company address:

City:

State:

ZIP Code:

Date business commenced:

Sole proprietorship:

Partnership:

Corporation:

Other:

### BUSINESS AND CREDIT INFORMATION

Primary business address:

City:

State:

ZIP Code:

Shipping Address (If different from above.)

DUNS #

Type of business

Telephone:

Fax:

E-mail:

Are purchase orders used?

Are backorders accepted?

Federal ID#:

Tax status: Taxable  Non-taxable  State law requires we have a copy of a signed certificate for tax exemptions.

Terms applied for: COD  Net 30  Credit card  Type of credit card:

Bank name:

Bank address:

Phone:

City:

State:

ZIP Code:

Type of account

Account number

Savings

Checking

Other

### BUSINESS/TRADE REFERENCES (PLEASE, NO CREDIT CARDS/UTILITIES)

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

### AGREEMENT

1. All net 30 invoices are to be paid 30 days from the date of the invoice.
2. If this account is referred to an attorney for collection, a fee including the attorney's fees and the amount owed will be imposed.
3. By submitting this application, you authorize Spray-Right, LLC to make inquiries into these banking and business/trade references.

### SIGNATURES

Title:

Date:

Title:

Date: