

Company Information

Company Name: _____
Address _____
City _____ State ____ Zip _____
Tax ID# _____
Resale# (if applicable) _____
Number of years in business _____
Business Type: Sole Proprietorship Partnership Corporation - State

Owner/Principal Information

Owner _____
Social Security Number _____
Current Address _____
City _____ State ____ Zip _____
Previous Address _____
City _____ State ____ Zip _____

Billing Information

Billing Address _____
City _____ State ____ Zip _____
Purchase Order Required? Yes No

Contact Name _____
Email _____
Phone _____ Fax _____

Bank References

Name _____
Address _____
City _____ State ____ Zip _____

Account# _____
Contact _____
Phone _____

Trade References

Name _____
Address _____
City _____ State ____ Zip _____
Phone _____ Fax _____
Contact _____

Name _____
Address _____
City _____ State ____ Zip _____
Phone _____ Fax _____
Contact _____

Name _____
Address _____
City _____ State ____ Zip _____
Phone _____ Fax _____
Contact _____

Name _____
Address _____
City _____ State ____ Zip _____
Phone _____ Fax _____
Contact _____

This application has been executed by an Authorized Principal or Agent of the applicant and hereby grants permission to Think to obtain information from any and all sources required to properly ascertain the applicant's capability to meet its financial obligations. Applicant agrees to the

following terms and conditions: All accounts are due net 30 unless otherwise stated. If payment is not received by the due date, interest shall accrue at the rate of 20% per annum and customer shall pay all costs and reasonable attorney fees incurred in any collection action.

Signature of Applicant _____
Title _____

Date _____