



CUSTOMER ACCOUNT APPLICATION

Fax Number # 301-490-0137

Sales Representative: _____

Is this application to add a location to an existing account?

- () Yes.... complete 1A & 1B below.
() No.....please complete the entire form

1A. Related Location Name or CSP Account #: _____

1B. Is the multiple/related location(s) under the same ownership & LLC?

- () Yes....complete only the sections indicated with an Asterisk *
() No... please complete the entire form

*Legal Business Name: _____

*Trade Style or Alias: _____

*Shipping Address: _____

*Billing Address: _____

*Main Telephone #: _____ Fax #: _____

*Accounting Contact Person: _____

*Accounting Phone # _____ Accounting Fax #: _____

*Accounting Email Address: _____

*Federal Tax ID # _____ State Of Incorporation: _____

Years In Business: _____ PACA License # (if applicable): _____

Type Of Business: LLC _____ Corporation _____ Proprietor _____ Partnership _____

Principal(s)/Owner(s)/ Partner(s) Names:

Landlord Name: _____

Length of Lease: _____ Landlord Phone #: _____

*Name of Bank: _____ Account #: _____

*Bank Contact: _____ Phone #: _____

