

Company Information:

Company Name: _____

Street Address: _____

Town/State/Zip: _____ Phone #: _____

Billing Address:

Town/State/Zip: _____

Attention: _____ Dept. _____ Ph/Ext: _____

A/P Contact: _____ Fax #: _____

Tax ID #: _____ Duns #: _____

Bank Information:

Bank Name: _____ Business Checking Acct #: _____

Street Address: _____

Town/State/Zip: _____ Ph/Ext: _____

Contract Name: _____ Title: _____

References: (Please include at least one trade reference)

Company: _____ Address: _____

_____ Phone: _____

Company: _____ Address: _____

_____ Phone: _____

Company: _____ Address: _____

_____ Phone: _____

Terms: KSM TERMS ARE DUE UPON RECEIPT

Your company's A/P cycle: _____ P/O required: YES NO

Purchasing Debt. Contract: _____ Ph/Ext: _____