

## New Account Credit Application

Please complete and return (also attach standard credit reference sheet if desired)

Are you assigning AB Technology Group a Vendor Code? If yes, please provide: \_\_\_\_\_

Legal Business Name: \_\_\_\_\_  
Parent Company: \_\_\_\_\_  
Address: \_\_\_\_\_ If a PO Box, please also provide street address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Web Site Address : \_\_\_\_\_

DUNS Number: \_\_\_\_\_

U.S Companies Only: Federal Tax ID Number: \_\_\_\_\_

Canadian Companies Only: Business Registration Number: \_\_\_\_\_

Provincial Tax Exempt? Yes \_\_\_ No \_\_\_ PST Number \_\_\_\_\_

GST Exempt? Yes: \_\_\_ No: \_\_\_ GST Number: \_\_\_\_\_

Name of Owner, President or GM: \_\_\_\_\_ Title \_\_\_\_\_

Form of business:  Corporation  Limited Liability Company or Limited Partnership  
 General Partnership  Unincorporated entity

Type of business / industries served: \_\_\_\_\_

Accounts Payable contact: \_\_\_\_\_ Tel: \_\_\_\_\_

Accounts Payable E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Estimated annual purchases \$ \_\_\_\_\_ 30 day revolving credit amount desired: \$ \_\_\_\_\_

Bank reference (name/address/phone number/bank account #)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Trade Credit References (name/address/contact information/phone/fax)

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

\_\_\_\_\_  
Authorizing Signature

\_\_\_\_\_  
Date

By signing this form, the applicant agrees that AB Technology Group may conduct a credit check and exchange information with other parties for the purpose of establishing credit worthiness.

Standard Credit Terms are Net 30 days

For Our Privacy Statement Please Visit [www.firesleeveandtape.com/privacy-policy.html](http://www.firesleeveandtape.com/privacy-policy.html)

Please Note: Standard Credit Terms are 1% 10, Net 30 days