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Maspeth, NY 11378  
718-786-7788  
Fax: 718-361-1855



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20C Gleam Street  
West Babylon, NY 11704  
631-643-1308  
Fax: 631-643-5611

## NEW ACCOUNT APPLICATION

CUSTOMER NAME \_\_\_\_\_ DATE \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

CITY/TOWN \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SHIPPING ADDRESS \_\_\_\_\_

CITY/TOWN \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

MAIN PHONE \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

FED ID# \_\_\_\_\_ DUNS# \_\_\_\_\_ SIC CODE# \_\_\_\_\_

TYPE OF BUSINESS (CHECK ONE):  CORPORATION  PARTNERSHIP  INDIVIDUAL

PURCHASING CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

A/P CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

NAME OF PRINCIPLE (S) \_\_\_\_\_ TITLE \_\_\_\_\_

\_\_\_\_\_ TITLE \_\_\_\_\_

NUMBER OF EMPLOYEES \_\_\_\_\_ YEAR STARTED IN BUSINESS \_\_\_\_\_

\*\*CREDIT CARD# \_\_\_\_\_ EXP DATE \_\_\_\_\_ TYPE \_\_\_\_\_

WE FULLY AUTHORIZE THE RELEASE OF CREDIT INFORMATION TO AWISCO NY CORP. FOR THE PURPOSE OF APPROVING A LINE OF CREDIT FOR OUR COMPANY. WE CERTIFY THAT ALL OF THE INFORMATION ON THIS FORM IS CORRECT. WE FULLY UNDERSTAND AWISCO NY CORP.'S CREDIT TERMS AND AGREE TO THE PROPER PAYMENT IN CONSIDERATION OF EXTENDED CREDIT. APPLICANT AGREES TO PAY ANY COLLECTION COSTS INCURRED TO COLLECT THE UNPAID BALANCE, INCLUDING INTEREST ON THE UNPAID BALANCE AS ALLOWED BY LAW AND ANY REASONABLE ATTORNEY'S FEES.

AUTHORIZED SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_

### CREDIT REFERENCES

BANK NAME \_\_\_\_\_ BRANCH \_\_\_\_\_ TEL \_\_\_\_\_ FAX \_\_\_\_\_

CHECKING ACCOUNT# \_\_\_\_\_ CONTACT \_\_\_\_\_

BANK NAME \_\_\_\_\_ BRANCH \_\_\_\_\_ TEL \_\_\_\_\_ FAX \_\_\_\_\_

CHECKING ACCOUNT# \_\_\_\_\_ CONTACT \_\_\_\_\_

LIST THREE (3) TRADE REFERENCES AND APPROXIMATE AMOUNT OF ANNUAL PURCHASES FROM EACH:

NAME	CITY/STATE	TEL	FAX	CONTACT	AMOUNT
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

IS A PURCHASE ORDER REQUIRED?  YES  NO AMOUNT OF CREDIT REQUESTED \_\_\_\_\_

ATTACH TAX EXEMPT CERTIFICATE IF APPLICABLE. UPON COMPLETION PLEASE FAX TO 718-361-1855

\*\*AWISCO NY CORP. RESERVES THE RIGHT TO CHARGE THE ABOVE CREDIT CARD NUMBER FOR ALL BALANCES OUTSTANDING BEYOND ESTABLISHED PAYMENT TERMS.

### For AWISCO Office Use Only

Account# \_\_\_\_\_

Date Opened \_\_\_\_\_

Opened By \_\_\_\_\_

Salesman# \_\_\_\_\_

Branch# \_\_\_\_\_

Territory# \_\_\_\_\_

PL \_\_\_\_\_ GL \_\_\_\_\_

Lim \_\_\_\_\_

Code \_\_\_\_\_