

**CUSTOMER INFORMATION**

(Confidential • Please Print)

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

Billing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone/Area Code \_\_\_\_\_

Type of Business \_\_\_\_\_ Date Started \_\_\_\_\_

Now Trading as (check one)  Proprietorship  Partnership  Corporation

If Proprietorship, Owner's Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone/Area Code \_\_\_\_\_

If Partnership, Partner's Names \_\_\_\_\_

Home Addresses \_\_\_\_\_

Home Phones/Area Codes \_\_\_\_\_

If Corporation, Officer's Name/Contact Person \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone/Area Code \_\_\_\_\_

List Advertising Media You Have Accounts With (If None, List Suppliers)

Name Account In: Address/Phone, Account Number

1. \_\_\_\_\_

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

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

**Bank Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Name Account listed Under \_\_\_\_\_

Bank Officer of Account \_\_\_\_\_

**CUSTOMER'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY TO PAY OUR INVOICES IN ACCORDANCE WITH FOLLOWING TERMS: NET 10 DAYS, GROSS 30 DAYS**

The above information may be used for the purpose of obtaining credit and is warranted to be true. I/we hereby authorize The Buyers Guide to review the information listed pertaining to my/our credit & financial responsibility.

By: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Salesperson's Name \_\_\_\_\_