



CUSTOMER ACCOUNT APPLICATION FORM

I/WE herein make application to United Fittings Inc. for credit application with United Fittings Inc. Applicant(s) authorized their permission to United Fittings Inc. To verify and check the information stated herein on both the corporation and consumer credit (if available) on principal officers. If credit is granted, I/WE promise to pay all bills rendered.

Legal Company Name: Business of D.B.A.
Address: City: State: Zip:
Phone: Fax: Type of Business:
Federal ID: State Resale Permit:
Partnership Proprietorship Corporation
How Long (yrs) No. of Employees: Annual Sales
President / Owner Name: Ext. Email:
Accounts Payable Contact: Ext. Email:
Purchasing Contact: Ext. Email:
Company Bank: Checking Acct: Savings Acct:
Credit Line (if available) (For additional bank info, please use separate sheet.)
Bank Address: City: State: Zip:
Phone: Contact: Position:

TRADE REFERENCES

1. Company Name: Contact: Phone:
2. Company Name: Contact: Phone:
3. Company Name: Contact: Phone:

PRINCIPAL OF COMPANY

1. Name: SSN: Home Address:
City: State: Zip: Own xRent Title:
2. Name: SSN: Home Address:
City: State: Zip: Own Rent Title:
Authorized People to Purchase (1) (2)

Signed by X Print Name: Date: