



# ACCOUNT APPLICATION

SALESMAN \_\_\_\_\_ DATE \_\_\_\_\_

9531 River Rd.  
 Marcy, NY 13403  
 Phone 315-733 6797  
 Fax 315-733 6785

5963 Court Street Rd.  
 Syracuse, NY 13206  
 Phone 315-461-9177  
 Fax 315-461-8968

Business Name:			Phone:
Business Address:			Fax:
City:	State:	Zip:	Cell Phone:
Date Established:	E-mail Address:		
Are you exempt from sales tax? <input type="checkbox"/> Yes <input type="checkbox"/> No	Check One: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership		

Owner's Name:			Title:
Home Address:			Home Phone:
City:	State:	Zip:	<input type="checkbox"/> Rent <input type="checkbox"/> Own
Social Security No.:	Date of Birth:	Driver's License No.:	

Owner's Name:			Title:
Home Address:			Home Phone:
City:	State:	Zip:	<input type="checkbox"/> Rent <input type="checkbox"/> Own
Social Security No.:	Date of Birth:	Driver's License No.:	

Owner's Name:			Title:
Home Address:			Home Phone:
City:	State:	Zip:	<input type="checkbox"/> Rent <input type="checkbox"/> Own
Social Security No.:	Date of Birth:	Driver's License No.:	

**IF THIS IS AN APPLICATION FOR CREDIT, PLEASE CONTINUE**

CONTACT PERSON FOR BILLING INQUIRIES:			
NAME _____	TITLE _____	PHONE NO. _____	( ) _____
DO YOU HAVE A MASTERCARD, VISA OR DISCOVER?			<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, DO YOU AGREE TO USE YOUR MASTERCARD / VISA / DISCOVER FOR BALANCES THAT BECOME PAST DUE?			<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, PLEASE COMPLETE:			
MASTERCARD <input type="checkbox"/>	VISA <input type="checkbox"/>	DISCOVER <input type="checkbox"/>	
ACCT. NO. _____	ACCT. NO. _____		
EXPIRATION DATE _____	EXPIRATION DATE _____		
HAVE YOU EVER FILED BANKRUPTCY, EITHER PERSONAL OR CORPORATE?			<input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU HAVE ANY PENDING LAWSUITS, LIENS OR JUDGEMENTS AGAINST YOU OR YOUR COMPANY?			<input type="checkbox"/> YES <input type="checkbox"/> NO

