

Company Name _____

Business License Number _____ Federal Tax ID Number/SSN _____

Billing Address _____ Shipping Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Fax (_____) _____

How long at present address? _____ How long in business? _____ How many employees? _____

Type of business (i.e., Proprietorship, Partnership, Corporation, LLC) Circle which applies.

Types of accounts served _____

Company Principals _____

State of Incorporation _____

Manager of Accounts Payable _____

Name _____ Title _____

Authorized Signature/Owner's name if different from authorized signature _____

PLEASE ATTACH COPY OF YOUR TAX RESALE CERTIFICATE, IF QUALIFIED.

TRADE REFERENCES _____

1. Company _____
Address _____
City _____ State _____ Zip _____
Phone _____

3. Company _____
Address _____
City _____ State _____ Zip _____
Phone _____

2. Company _____
Address _____
City _____ State _____ Zip _____
Phone _____

4. Company _____
Address _____
City _____ State _____ Zip _____
Phone _____

BANK REFERENCES _____

Bank Name _____ Account # _____

Address _____

Phone _____ Person to Contact _____

RETURN TO:

Credit Department, U.S. Lock
PO Box 2317
Jacksonville, FL 32203
Fax 800-333-3600