



New Customer Information

Please email or fax completed form to one of the following: admin@elkinswholesale.com 601-425-2317

Name of Customer _____

Information

Address	
City, State	
Zip Code	
Payment Contact Name	
Phone Number	
Fax Number	
Email	
Ship-To Address	
Ship-To City, State	
Ship-To Zip Code	
Shipping Contact Name	
Special Delivery Instructions	

Are you applying for credit and wish to be billed? ____ yes ____ no

If so, how much will you be applying for? _____

Please list 3 credit references

Business Name	Phone Number	Fax Number

If you are not applying for credit, which form of payment do you wish to use? Cash/Check ____ Credit Card ____

If using a credit card, please enter your card information:

Card Number _____

Expiration Date _____

CCV# _____

Will you be claiming tax exemption? ____ yes ____ no

If so, please provide a current exemption certificate

This application is made voluntarily for opening an account and/or obtaining credit. All the information contained herein is true and correct. The terms of all sales are stated on each invoice and are payable accordingly. If Elkins Wholesale Inc. must sue for collection, then the customer agrees to pay court costs and reasonable attorney's fees of not less than 10% of the obligation owed. This application must be signed by officer or approved person. This authorizes Elkins Wholesale Inc. to obtain needed credit information.

Signature: _____ Print: _____ Date: _____

____ by checking this box, you agree to the above terms (required)

Social Security Number: _____ Driver's License Number: _____ DOB: _____

Or Tax Identification Number: _____

Sales Person: _____ Pricing Policy: _____ Terms: _____ Credit Limit: _____