



## New Customer Information

Name of Customer \_\_\_\_\_

Information \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

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# \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

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: \_\_\_\_\_

You can fax this form to 601-425-2317 or email it to admin@elkinswholesale.com