



New Customer Information

Name of Customer _____

Information

Billing Address	
City, State, Zip	
Payment Contact Name	
Phone Number	
Fax Number	
Email	
Ship-To Address, City, State, Zip	
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. In the event any third parties are employed to collect any outstanding monies owed by said business the undersigned agrees to pay reasonable collection costs, including attorney fees, whether or not litigation has commenced, and all costs of litigation incurred. The undersigned represents that he/she has the authority to execute this credit agreement on behalf of the business identified. This authorizes Elkins Wholesale Inc. to obtain needed credit information.

Signature: _____ Print: _____ Date: _____

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

Or Tax Identification Number: _____

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