711 EAST UNION STREET
WEST CHESTER, PA. 19382
PH: 800-776-9787
FX: 866-732-7769

NEW ACCOUNT INFORMATION

LEGAL NAME FOR BILLING:

BILL TO:	SHIP TO:
ADDRESS:	ADDRESS
CITY/STATE/ZIP:	CITY/STATE/ZIP:
BUSINESS PHONE:	BUSINESS FAX:
FEIN:	CONTACT PERSON:

*PLEASE COMPLETE ALL THE FIELDS.

PAYMENT CHOICES

Please choose one of the following payment options:

Bill my orders to VISA / Master Card.

CARDHOLDERS NAME:_____

CARDHOLDER'S BILLING ADDRESS: _____

☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ EXP: ☐☐☐☐

CVV2: ☐☐☐

_____
Signature

Send it C.O.D.

_____
Signature

Note: Please fax this information back to us and include copy of a retail sales certificate.