



NEW ACCOUNT INFORMATION FORM

To create a new account and establish credit the following application must be completed and signed.

Business Name _____

Business Address Street _____

City _____ State _____ Zip _____

Main Contact _____ Title _____

Phone / Website _____ / _____

Year Established _____

Type of Business Corporation Partnership Other Specify: _____

FEIN Number _____ DNB Number _____

All Orders Require Written Purchase Order? Yes No

Bank Information Name _____ Account # _____

Phone _____ Contact _____

Trade References Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Has applicant or any of its owners, principals, partners, officers or directors ever filed bankruptcy?

No Yes If, yes, please attach a detailed explanation to this application.

The undersigned represents and certifies that all the above information is complete, true and correct.

Signature _____ Title _____

E-mail or fax to: orders@protex-products.com / 312-453-0692