



# APPLICATION FORM

7406 Route 98 • Arcade, NY 14009 • Phone (800) 325-2315 • Fax (800) 788-5240

Proprietorship    Partnership    Corporation   Today's Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

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

Shipping Address: \_\_\_\_\_

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

Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

How long at this address: \_\_\_\_\_ Under Present Ownership: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_

Credit Card Type:    Visa    MasterCard

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Name on Card: \_\_\_\_\_

All orders will be paid in full at the time of purchase unless other prior arrangements have been made. I hereby understand and agree to these terms and conditions.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

(Two Signatures are required if the business is a partnership, corporation, or in ownership with a spouse or more than one person.)