



Account Application Form

Please complete this form and California Resale Certificate, and fax or mail us the signed copies to expedite your account application. All information remains confidential and for internal use.

Business Name:
Address:
Billing:
Phone: Fax:
Contact: eMail:

Entity: () Sole Ownership () Partnership () Corporation () Other
Type: () Retail () Repair () Wholesale () Other..... Date Established:
Federal ID: **Resale #:**

Principals: Owners, Partners or Officers

Name1: Title: S.S. #:
Name2: Title: S.S. #:

Trade References

Company1: Contact:
Address:
Account #: Phone #: Fax #:

Company2: Contact:
Address:
Account #: Phone #: Fax #:

Bank Reference

Bank Name: Contact:
Address:
Checking Account #: Phone #:
Credit Card #: Exp. Date: CC:
Address: Zip:

Payment: Due upon received: Cashier Check / Money Order / Company Check, or COD or on Credit Card

As the owner, principal, or officer of this applicant company, I confirm the provided information is accurate and agree to pay for deliveries ordered by our company. Depending on account terms approved by FONDZ, payment is due on Credit Card charge at shipment, due via COD: cash-on-delivery, or due upon shipment received. In case of the delinquency, our company agrees to pay for financial charge (1% per month), all collection costs, and related fees.

Signature: Title: Date:

For FONDZ Use		
Date:	Account #:	JBT Rating:
Credit:	Approved by:	Note: