

Email: accountsreceivable@alliedsupplycorp.com

APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Contact Name:

Company name:

Phone:

Fax:

E-mail:

Address:

City:

State:

ZIP Code:

Date business commenced:

Please enter your "home" state under your organization type

Sole proprietorship:

Partnership:

Corporation:

Other:

How will you pay for your orders? (Please note if billing address is different from above)

COD

Credit Card #
(MC/VISA ONLY)

Name on Card

Exp & CVC Code

Do you have a shipping preference?

UPS

FedEx

USPS

Other

Where will your orders be shipped to? (Ship to's can be added when placing orders too!)

Street

City, State

ZIP Code:

Does your organization require Purchase Order numbers?

YES

NO

Would you like your invoices and statement emailed to you?

YES

NO

Does your organization allow backorders?

YES

NO