

**NEW ACCOUNT APPLICATION**

*PLEASE PRINT OR TYPE IN ALL SPACES EXCEPT SIGNATURES*

Date: \_\_\_\_\_  
Firm Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Business Established: \_\_\_\_\_ At Above Address Since: \_\_\_\_\_  
A/P Contact: \_\_\_\_\_ ext: \_\_\_\_\_ Buyer: \_\_\_\_\_ ext: \_\_\_\_\_  
Have you ever had an account with reproHAUS? \_\_\_\_\_ Monthly Credit Needs: \_\_\_\_\_

**INDIVIDUAL:** \_\_\_\_\_ **PARTNERSHIP:** \_\_\_\_\_  
Full Name: \_\_\_\_\_ Full Name: \_\_\_\_\_  
Driver's License No.: \_\_\_\_\_ State: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_ State: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Social Security No: \_\_\_\_\_ Social Security No: \_\_\_\_\_

**CORPORATION:** \_\_\_\_\_  
Corporation Name: \_\_\_\_\_ Fed. Tax No.: \_\_\_\_\_

**FULL NAME AND ADDRESSES OF TWO OFFICERS**  
Full Name: \_\_\_\_\_ Full Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

**BANK REFERENCES**  
Bank / Contact: \_\_\_\_\_ Checking Acct. No.: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax: \_\_\_\_\_  
Bank / Contact: \_\_\_\_\_ Checking Acct. No.: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

**TRADE REFERENCES (PREFERABLY LOCAL, MUST BE TWO)**  
Firm Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Firm Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**TERMS & CONDITIONS**  
I/we, individually and/or collectively promise to pay invoices according to your terms which are **NET 30**. All overdue unpaid balances will be charged 1.5% per month which is 18% for 12 months handling. If your account is not paid in full when due, orders may be shipped on a C.O.D. basis. I/we further assume responsibility for all bills contracted in my/our name at the above address and designate the following named persons as the authorized purchasing agents and employees of the undersigned until written notice of the contrary is given: Also, in the event it becomes necessary for your company to incur collection costs or institute suit to collect under this agreement, or any portion thereof, the undersigned promises to pay all collection costs, court costs and attorney fees of the standard hourly rate charged by our attorney.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR INTERNAL USE ONLY**  
Date: \_\_\_\_\_ Account Number: \_\_\_\_\_ Credit Limit: \$ \_\_\_\_\_