

Confidential Business Account Application

This application must be completed in full and in order to be processed. After completing this application, you may provide a standard credit information sheet. Please also provide an authorization signature and sign the Terms and Condition included in this application. Please fax this document to 815-630-3014 or mail to the address below.

Legal Business Name/DBA:

If subsidiary, Name of Parent Company:

Federal Tax ID No:

Date Established:

Business Physical Address:

Business Billing Address:

Telephone No:

Fax No:

Email Address:

No. of Locations:

At Present Location Since:

Own:

Rent:

Type of Business: Corporation

LLC

Partnership

Sole Proprietorship

Style of Business: MFG

Distributor

Wholesaler

Retailer

Other

Markets: Local

National

International

Brands/Products Carried:

President or Owner/Partner:

Phone No:

Email:

Home Address:

Cell/Home No:

Email:

Authorized Purchaser:

Phone No:

Email:

Accounts Payable Contact:

Phone No:

Email:

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