



## COMMERCIAL CHARGE ACCOUNT APPLICATION

CUSTOMER I.D. \_\_\_\_\_ (office use only)

Business Name: \_\_\_\_\_

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

Suite/Unit/Bldg: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact's Email: \_\_\_\_\_

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

Taxable: Yes \_\_\_ No \_\_\_ Tax Exempt#: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Credit Reference #1: \_\_\_\_\_

Contact Person & Phone #: \_\_\_\_\_

Credit Reference #2: \_\_\_\_\_

Contact Person & Phone #: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Fax Completed Application To: 860-643-2111 or Email To: donna.mcgee315@yahoo.com***

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