

Email To: ar@aladdinps.com

Legal Business Name		Phone #		
		Fax #		
Trade Name-DBA		Email:		
Billing Address		City, State, Zip Code		
Shipping Address		City, State, Zip Code		
	eFederal I	urtnership		
Are You a: □Subsidiary □ Div	vision (if yes, check w	which and enter Parent Company information)		
Parent Company Name:		Address		
		e:Zip:		
Do you require a purchase order# before we accept an order? □Yes □No A/P Contact Andrew				
A/P PhoneEstimated Monthly Purchases. \$				
Terms Requested: COD Credit Card Net terms – Credit Limit Requested Email to send invoices				
Tax Exempt (If yes, plea				
Check one:	□ Partner			
Name:	Social Security#			
Home Address:	City:	State: Zip:		
Home Phone:		Email		

Bank References

Name		Contact Name	Phone No/Email
Street Address		City, State, zip Code	Date Opened
Type of Account	Checking No_	Saving No	Loan No

Trade References (Major Suppliers)

1. Name	Contact Name	Phone No.
Street Address	City, State, Zip Code	Email
2. Name	Contact Name	Phone No.
Street address	City, State, Zip Code	Email
3. Name	Contact Name	Phone No.
Street Address	City, State, Zip Code	Email

You represent you are an authorized representative with authority to enter into this agreement and the information contained in this Application and any attachment is true, correct and complete. You consent to Vendor obtaining information about the Applicant from credit reporting agencies and other sources Vendor deems appropriate in considering this Application.

Signature

Date

Title