

Application for Establishing a Business Account



BUSINESS CONTACT INFORMATION

Title:			
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:		State:	ZIP Code:
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

BUSINESS AND CREDIT INFORMATION

Primary business address:			
City:		State:	ZIP Code:
How long at current address?			
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:		State:	ZIP Code:
Type of account	Account number		
Savings			
Checking			
Other			

BUSINESS / TRADE REFERENCES

Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			

GENERAL INFORMATION

Type of Business			
Sales Tax ID #		Store size (SF)	
Store Hours:			
Other info			

AGREEMENT

1. All invoices are to be PREPAID unless otherwise agreed.
2. HoldingCross.com Wholesale Terms and Conditions Agreement has been read and agreed (separate document).
3. By submitting this application along with a signed copy of the HoldingCross Wholesale Terms & Conditions agreement, you authorize HoldingCross.com to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Title & Date:	Title & Date:
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