

Application Date: _____

1. COMPANY INFORMATION:

Company Name: _____ DBA: _____

Years In Business: _____ Years at Current Location: _____ Resale Cert. No: _____

Main Address: _____ Suite: _____

City: _____ State: _____ Zip Code: _____

Main Telephone: _____ Main Fax: _____

Billing Address: _____

Shipping Address: _____

Previous Address if Less than 2 Years: _____

2. AUTHORIZED PERSONS TO MAKE AND SIGN PURCHASE ORDERS:

Full Name: _____ Position: _____ Tel/Email: _____

Full Name: _____ Position: _____ Tel/Email: _____

Full Name: _____ Position: _____ Tel/Email: _____

3. PREFERENCES: Check all that apply

Ordering By: Fax Company Purchase Order Email Company Purchase Order Online Order Form

Shipping To: Will Call Ship to Warehouse Ship to Contractor Other: _____

Payment Method: Check Credit Card Factor: _____ Other: _____

Request Net 30: Yes (If Yes, Please complete CREDIT APPLICATION section 4 below)

4. CREDIT APPLICATION: (Skip if not requesting credit terms)

Tax ID#: _____ Credit Amount Request: _____ \$

D&B No. (DUNS): _____ Bus License No.: _____ Owner: _____

Bank Reference: _____ Account No: _____ Tel: _____

Trade Reference: _____ Contact: _____ Tel: _____

Trade Reference: _____ Contact: _____ Tel: _____

5. AUTHORIZATION: I hereby authorize UFG, Inc. dba ACUTEX to utilize above information for request of Customer Account application; to contact above parties for verification and certify that all information is accurate and current.

Print Name: _____ Title: _____

Signature: _____ Date: _____