

Best Deal Supply Account Application Form

Company Name: _____
DBA/Parent Company (name if any): _____
Billing Address: _____
City/State/Zip: _____
Shipping Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____ Other _____
E-Mail Address: _____
Main Business Activities: _____

State Sales Permit #: _____ Federal Tax ID #: _____
Established (MM/YY): _____ Number Of Employees: _____
Ownership: Sole Proprietor Partnership Corporation State of Incorporation: _____
Principle(s)/Owner(s): _____
Authorized Buyers (Name & Title): _____

Credit Card Information (As backup payment method and proof of credit references)
Card Type: _____ Card Number: _____ Expiration Date: _____
Billing Address: _____
City/State/Zip: _____

Bank Name: _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____ Other: _____
Account #: _____ Account Officer: _____
Phone: _____

Trade References (Name, Mailing Address, Phone and Fax Numbers):
1) _____
2) _____
3) _____

By Signing below, I/We authorize the bank and references listed above to release our credit and bank information to Best Deal Supply

Name (Print) Signature Title Date

By Signing Below, I/We agree to pay Best Deal Supply on time; all goods will remain as Best Deal Supply's property until fully paid. I/we will pay Best Deal Supply 10% interest for any invoices unpaid 60 days after due date and also be responsible for any collection cost and attorney fees toward the collection of bad debts and any dispute will take place in a New York Court.

Name (Print) Signature Title Date

Please complete this form and fax it along with the following supporting material to: 718-222-9682, for assistance call 800-962-9438 or e-mail: corporate_sales@bestdealsupply.com. For Resellers: your current resale certificate from your State, A letter in company/business/government letterhead only. Also, any additional credit information