



Janitorial • Industrial • Wholesalers

To help us establish your account, please complete the following

Date: _____ Fax #: _____

Firm Name: _____ Phone Number: _____

Billing/Street Address: _____
(Please include Street # as well as P.O. Box)

City/State: _____ Zip: _____

Type of Business: Individual Ownership ___ Partnership ___ Corporation ___

Officers: _____

Name/Address/Phone # Title

Name/Address/Phone # Title

Name/Address/Phone # Title

Accounts Payable Contact: _____

How Long In Business: _____

State Sales Tax Certificate Permit Number: _____

Federal Identification or Social Security # of Individual Owner: _____

Credit: _____ () _____
Information Firm City/State Phone

Firm City/State Phone

Firm City/State Phone

Authorized Signature: _____

Thank You For Your Interest

Please fax a copy of this form and copy of resale certificate to Kelly Brush at the address below:

801 Primos Avenue, Folcroft, PA 19032
(610) 583-7960 • (610) 583-7961 • (610) 583-4880 • (610) 583-4881 • FAX (610) 583-1231