**NEW ACCOUNT FORM**

Please complete the form to expedite set up your account.

Company Name:

Federal Tax ID # (Required):

Business Type: (Check Box):  Wholesale  Retail

Trade References:

Company Name 1: Phone:

Company Name 2: Phone:

**Sales Rep**:

Billing Address:

Shipping Address (If different from above):

Last Name: First Name: Initial:

Phone: Fax: E-Mail:

Accounts Payable Contact: Phone:

Accounts Payable Email Address:

 **Required Documents to complete your account:**

* Copy of a Valid Driver’s License/Picture ID
* Copy of your Business License and Tax ID
* Copy of Resale Certificate Form Completed

 \* Please enclose all required documents to avoid delays on your order \*

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 AUTHORIZED SIGNATURE PRINT NAME DATE

 If you have any questions or concerns, please call your Sales Rep or Our Office: (516) 547-9100

 Thank you for your business.