

CUSTOMER APPLICATION



BUSINESS CONTACT INFORMATION

Company name:

Billing address:

City:

State:

Zip code:

Phone:

Fax:

Accounts Payable contact person:

A/P Phone #:

Date business started:

A/P Email:

EIN:

Tax resale #: **PLEASE ATTACH COPY OF CERTIFICATE**

BUSINESS/TRADE REFERENCES

Company name:

Contact:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Company name:

Contact:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

BANK REFERENCE

Bank name:

Contact:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

Email:

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. By submitting this application, you authorize Nelson & Company, LLC to make inquiries into the business/trade and bank references that you have supplied.

SIGNATURE

Signature:

Title:

Date:

Please email completed form to Nicole Howlett at NHowlett@ncjax.com or fax to 904-483-3005.