

Business Information Form



Company Name*

Phone*

BILLING ADDRESS

Street Address*

Apt, floor, suite, etc.

City*

State*

Zip Code*

Country*

Shipping address is the same as my billing address

SHIPPING ADDRESS

Street Address

Apt, floor, suite, etc.

City

State

Zip Code

Country

ACCOUNTS PAYABLE

Accounts Payable Contact*

Accounts Payable Manager*

Accounts Payable Phone*

Accounts Payable Email*

Date Established

Number of Employees

President/Owner*

President Phone*

Corporate address is the same as my billing address

CORPORATE ADDRESS

Street Address

Apt, floor, suite, etc.

City

State

Zip Code

Country

Corporate Phone

Anticipated Monthly Purchases

Prime Advantage Member Number

\$

Do you pay sales tax?

Yes

No

If you do not pay sales tax – please send exemption certification back with this application.

~~CONDITIONS OF SALE AND TERMS OF PAYMENT~~

In consideration for any extension of credit, purchaser agrees to the terms and to the conditions of sale set forth on each invoice. The purchaser also agrees to pay collection agency fees, reasonable attorney fees and other costs incurred for collection.

I agree to the terms & conditions of sale, website terms of use and privacy policy.

NAME*

First*

Last*

Title*

Date*