



CONTACT INFORMATION

Name/Title:			
Legal business name:		Year business commenced:	
Phone:	Fax:	E-mail:	
Business / billing address:		Years at current address:	
City:	State:	ZIP Code:	
Sole proprietorship:	Partnership:	Corporation:	Other:

CREDIT INFORMATION

A/P Contact:		
City:	State:	ZIP Code:
Ship to address:		
Telephone:	Fax:	E-mail:
Bank name:		
Bank address:		Phone:
City:	State:	ZIP Code:
Checking Account Number:		Other Account Numbers:

TRADE REFERENCES

Company name:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
Type of account:		
Company name:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
Type of account:		
Company name:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
Type of account:		
Company name:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
Type of account:		

AGREEMENT

1. All invoices are to be paid 15 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Opening Solutions Group, LLC to make inquiries into the banking and business/trade references that you have supplied.
4. A copy of your State Tax Exemption Certificate **MUST** be forwarded with this credit application, otherwise you will be taxed for all purchases. **Return via fax: 724.740.1888**

SIGNATURE

SIGNATURE

Title:
Sales Rep:

Date:

Title:

Date: