

## NEW ACCOUNT APPLICATION

### COMPANY INFORMATION

Business Name: \_\_\_\_\_ SSN/FIN.: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Years in Business: \_\_\_\_\_  
 Email: \_\_\_\_\_ Website: \_\_\_\_\_  
 Please check one:    Corporation    Partnership    Sole Proprietorship    \_\_\_\_\_

OWNER(s)	ADDRESS
_____	_____
_____	_____

### TAX STATUS

*\*If exempt, Tax Exemption Form must be submitted with application. Form ST-4 is available on our website.*

Massachusetts:	<input type="checkbox"/> Exempt	<input type="checkbox"/> Taxable	<input type="checkbox"/> Resale	<input type="checkbox"/> Other: _____
New Hampshire:	<input type="checkbox"/> Exempt	<input type="checkbox"/> Taxable	<input type="checkbox"/> Resale	<input type="checkbox"/> Other: _____
Maine:	<input type="checkbox"/> Exempt	<input type="checkbox"/> Taxable	<input type="checkbox"/> Resale	<input type="checkbox"/> Other: _____
Vermont:	<input type="checkbox"/> Exempt	<input type="checkbox"/> Taxable	<input type="checkbox"/> Resale	<input type="checkbox"/> Other: _____
Connecticut:	<input type="checkbox"/> Exempt	<input type="checkbox"/> Taxable	<input type="checkbox"/> Resale	<input type="checkbox"/> Other: _____
Rhode Island:	<input type="checkbox"/> Exempt	<input type="checkbox"/> Taxable	<input type="checkbox"/> Resale	<input type="checkbox"/> Other: _____
Maryland:	<input type="checkbox"/> Exempt	<input type="checkbox"/> Taxable	<input type="checkbox"/> Resale	<input type="checkbox"/> Other: _____
New York:	<input type="checkbox"/> Exempt	<input type="checkbox"/> Taxable	<input type="checkbox"/> Resale	<input type="checkbox"/> Other: _____

### TRADE REFERENCES (Please provide 3):

1.    Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
       Address: \_\_\_\_\_  
       Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
       Email: \_\_\_\_\_ Fax: \_\_\_\_\_
2.    Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
       Address: \_\_\_\_\_  
       Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
       Email: \_\_\_\_\_ Fax: \_\_\_\_\_
3.    Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
       Address: \_\_\_\_\_  
       Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
       Email: \_\_\_\_\_ Fax: \_\_\_\_\_

**BANK REFERENCE**

Bank: \_\_\_\_\_ Account #: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Fax: \_\_\_\_\_

**ACCOUNTS PAYABLE:**

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I wish to receive invoices by:  Email  Mail  Fax Send to: \_\_\_\_\_

**PURCHASING:**

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I would like to place orders:  Online  Phone  Email  Fax

Do you require purchase orders on all invoices?  Yes  No

**SHIP TO:** (Please use separate sheet for additional locations)

**Ship To:** \_\_\_\_\_ **Contact #:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Delivery Instructions:** **Loading Dock:**  Yes  No **Hours:** \_\_\_\_\_

**Ship To:** \_\_\_\_\_ **Contact #:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Delivery Instructions:** **Loading Dock:**  Yes  No **Hours:** \_\_\_\_\_

**Ship To:** \_\_\_\_\_ **Contact #:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Delivery Instructions:** **Loading Dock:**  Yes  No **Hours:** \_\_\_\_\_

We declare that the above information is accurate and is given to Top Notch Supply, Inc. in order to extend terms. We authorize Top Notch Supply, Inc. to contact the above trade references and banks. We authorize all trade references, banks, and credit reporting agencies to disclose any requested information concerning the financial and credit history of the company. We agree to a 1.5% monthly fee and legal fees accrued on all past due balances.

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please email completed application to [admin@topnotchsupplyinc.com](mailto:admin@topnotchsupplyinc.com)