



<b>Business Information</b>	
<small>(This section is for billing information purposes, if there are more ship to's we will establish that at time of order)</small>	
Company Name:	
Bill to Address	
City/St/Zip:	Phone:
Ship To Address:	Fax:
City/St/Zip:	# of Locations:
<b>Business Contact Information</b>	
<small>(Please provide the contact information for who we may contact for payment and who is authorized to purchase our products)</small>	
A/P Contact:	A/P Email:
Purchasing Contact:	Purchasing Email:
Co. Website:	
<b>Additional Business Information</b>	
<small>(All fields in this section are required, if company does not have a Fed ID please provide a Social Security number)</small>	
Date Established:	Requested Credit Amt:
Federal ID #:	
Type of Business: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other	
<b>Trade References</b>	
<small>(Three references are required, please be sure to provide a fax number)</small>	
Co Name:	Acct#:
Address:	Phone:
City/St/Zip:	Fax:
Co Name:	Acct#:
Address:	Phone:
City/St/Zip:	Fax:
Co Name:	Acct#:
Address:	Phone:
City/St/Zip:	Fax:
<b>*Length of process to open an account depends on the return of trade references.</b>	

**Please fax back to the Accounting Department at (603)218-6069 or email to Accounting@corflex.com  
Orders over \$500 will be placed on hold until we receive a completed credit application.**

The undersigned hereby warrants that the information submitted is true and correct. Corflex is authorized to investigate the applicant's credit record through any of applicant's creditors. In consideration of the extension of credit, the undersigned agrees that payment in full will be made within assigned terms of invoice date.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Interoffice Use Only:</b>	
Account #:	Order Pending: <input type="checkbox"/> Yes <input type="checkbox"/> No
Approved Acct Limit:	Date:
Notes:	