

# **ACME TRUCK BRAKE & SUPPLY CO.**

2333 ARTHUR AVE. ELK GROVE VILLAGE, IL 60007

PHONE: 847-439-2202 FAX: 847-439-0352

## **APPLICATION FOR OPEN ACCOUNT**

APPLICANT'S BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

MORTGAGE HOLDER/LANDLORD: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

( ) CORPORATION ( ) CO-PARTNERSHIP ( ) INDIVIDUAL BUSINESS / DATE STARTED: \_\_\_\_\_

YEARS AT LOCATION: \_\_\_\_\_ FEIN #: \_\_\_\_\_

SALES TAX EXEMPT? ( ) YES ( ) NO P.O. #'S REQUIRED? ( ) YES ( ) NO  
IF EXEMPT, PLEASE SEND A COPY OF SALES TAX CERTIFICATE.

### THE PRINCIPLE OWNERS:

NAME	ADDRESS	CITY/STATE	PHONE
_____	_____	_____	_____
_____	_____	_____	_____

ACCOUNTS PAYABLE CONTACT: \_\_\_\_\_

### **TRADE REFERENCES**

COMPANY: \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ CONTACT: \_\_\_\_\_

COMPANY: \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ CONTACT: \_\_\_\_\_

COMPANY: \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ CONTACT: \_\_\_\_\_