



Exceptional Service
Quality Products
Competitive Prices

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email: sales@vertexhinges.com
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New Account Application

Account Information

Company Name: _____ Division of: _____
Billing Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____
E-mail: _____ Web site: _____
Shipping Address: _____
City/State/Zip: _____

Federal I.D. Number: _____ State Tax I.D.: _____
President / Manager: _____
Accounts payable contact: _____
Authorized Buyer: _____
Nature of business: Wholesale Retail Catalog OEM
 Other _____
Territory Covered: _____
Number of Sales Personnel: _____
Competitor's products carried: _____

Credit References

BANK

Name: _____
Address: _____
Contact: _____ Phone: _____
Account No.: _____ Fax: _____

TRADE REFERENCES

Name: _____
Address: _____
Contact: _____ E-mail: _____
Phone: _____ Fax: _____
Name: _____
Address: _____
Contact: _____ E-mail: _____
Phone: _____ Fax: _____
Name: _____
Address: _____
Contact: _____ E-mail: _____
Phone: _____ Fax: _____

Authorized Signature: _____

Date: _____