



Fax Application To: 702-832-3133

Or Email To: admin@new-wave-clean.com

NEW ACCOUNT APPLICATION

Company & Contact Information:

Legal Business Name:	Trade Name-DBA:	Phone # _____ Fax # _____
Billing Address:	City:	State: _____ Zip Code: _____
Shipping Address:	City:	State: _____ Zip Code: _____

Business Is a: Corporation LLC Partnership Proprietorship

Year Started: _____ State of Inc.: _____ Federal I.D.# _____

Web Site Address: _____ Dun & Bradstreet # _____

Are You a: Subsidiary Division (if yes, check which)

Parent Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Do you require a purchase order# before we accept an order? Yes No

A/P Contact: _____ A/P Email: _____

A/P Phone: _____ Estimated Monthly Purchases \$ _____

Preferred Payment Method: Check ACH/Bank Transfer Wire Payment

Terms Requested: COD Credit Card Net terms – Credit Limit Requested \$ _____

Purchasing/Buyer Contact: _____ Phone# _____ Ext# _____

Purchasing Email: _____

Receiving Hours: _____

Principal/Owner Information:

Check one: Principal Partner Proprietor

Name: _____ Social Security# _____

Home Address: _____ City: _____ State: ___ Zip: _____

Home Phone: _____ Mobile # _____ Email _____

Name: _____ Social Security# _____

Home Address: _____ City: _____ State: ___ Zip: _____

Home Phone: _____ Mobile # _____ Email _____

Bank References

Name	Contact Name	Phone No
Street Address	City, State, zip Code	Date Opened

Type of Account Checking No _____ Saving No _____ Loan No _____

***** Attach copy of completed Federal W-9 form *****

Trade References (Major Supplies)

1. Name	Contact Name	Phone No.
Street Address	City, State, Zip Code	Account No.
2. Name	Contact Name	Phone No.
Street address	City, State, Zip Code	Account No.
3. Name	Contact Name	Phone No.
Street Address	City, State, Zip Code	Account No.

****Payment Terms are Net 30****

You represent you are an authorized representative with authority to enter into this agreement and the information contained in this Application and any attachment is true, correct and complete. You consent to Vendor obtaining information about you personally and the Applicant from credit reporting agencies and other sources Vendor deems appropriate in considering this Application. If credit is extended, you agree to be bound by all of the terms and conditions on Vendor's invoices and posted on Vendor's website.

Signature

Date

Title



For Office Use only

Date Approved:	
Entered:	