

ADVANCED MOLD/EDM SUPPLIES

APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Name & Title		Date business commenced	
Company name		<input type="checkbox"/> Sole proprietorship	
Phone Fax		<input type="checkbox"/> Partnership	<input type="checkbox"/> LLP
E-mail		<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC
Company address City, State ZIP Code		<input type="checkbox"/> Other	

BANK INFORMATION

Bank Name			
Bank Address			
Bank Phone			
Bank Fax			
Type of account		Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other

BUSINESS/TRADE REFERENCES

Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account			
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account			
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account			

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize ADVANCED MOLD/EDM SUPPLIES to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Signature		Signature	
Print Name and Title		Print Name and Title	
Date		Date	

PLEASE E-MAIL OR FAX COMPLETED FORM TO:

ADVANCED MOLD/EDM SUPPLIES
1265 EAST WISCONSIN AVENUE SUITE E PEWAUKEE, WI 53072
(262) 695-9307 FAX: (888) 411-7961
SALES@ADVANCEDMOLD.BIZ WWW.ADVANCEDMOLD.BIZ