

Customer Application: Fax completed form to 502-584-0131, Attn: Credit/Accounts Department, along with a copy of your resale tax certificate. *NOTE: Items marked with an asterisk (*) must be completed.*

Check one:*	Individual
	Partnership
	Individually Owned Business
	Corporation-Corp. Guarantee
Name of Business*	
Address*	
City, State, Zip*	
Telephone*	
Fax*	
Owner	
How long in Business?	
Tax Number*	
Resale Lic. Number*	
DUNS Number*	

Please complete the information below for your trade references:

Company Name*	
Contact Name	
Address	
City/State/Zip	
Telephone*	
Fax*	
Email	
Length of business relationship with vendor (in years):	

Company Name*	
Contact Name	
Address	
City/State/Zip	
Telephone*	
Fax*	
Email	
Length of business relationship with vendor (in years):	

Company Name*	
Contact Name	
Address	
City/State/Zip	
Telephone*	
Fax*	
Email	
Length of business relationship with vendor (in years):	