The Plumber's Choice, Inc.

3655 LaSalle Street, Phoenix AZ 85040
Phone: 602-426-0602 / Fax: 602-426-0610
Toll Free: 888-989-4260 / 888-989-4261
Please return to: lindaf@theplumberschoice.com

NEW ACCOUNT REPORT

Date: _____ **Sales Representative:*** _____

Business Name:* _____

Billing Address:* _____ **City:*** _____ **State:*** _____ **Zip:*** _____

Phone*: _____ **Fax:** _____ **E-Mail:*** _____

Shipping Address: (if different) _____

City: _____ **State:** _____ **Zip:** _____ **County*:** _____

Fed Tax ID: _____ **State Tax ID:** _____

How would you like to receive your invoices?* **US Mail:** ◯ **E-Mail:** ◯ _____

PO required:* ◯ **Yes** ◯ **No** If tax exempt please include your tax exempt form.

Please only fill out trade references if applying for an open account.

Applying for (Select One):* **Open Account:** ◯ **Credit Card Account:** ◯

Amount Requested: $_____ **Card #:** _____ **Exp:** _____

CVV #: (3 digit on back): _____ **AMEX** ◯ **Visa** ◯ **MasterCard** ◯

In Business Since: _____ **Owner:** _____ **Contact:** _____

References:

-1- Name: _____ **Account #:** _____

City: _____ **State:** _____ **Phone:** _____ **Email:** _____

-2- Name: _____ **Account #:** _____

City: _____ **State:** _____ **Phone:** _____ **Email:** _____

-3- Name: _____ **Account #:** _____

City: _____ **State:** _____ **Phone:** _____ **Email:** _____

Bank reference: _____ **Account #:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

Terms and Conditions of Credit: All invoices may be paid within 10 days of invoice to earn a 2% discount. Net amount of invoice is due 30 days from date of invoice. 1 ½ % per month service charge will be added to all past due invoices. Should it become necessary to collect this account through a collection agency, attorney, by legal proceedings, or otherwise, the undersigned, promises to pay all costs incurred.

Authorized Signature*: _____ Date:_____