



# NEW ACCOUNT REPORT

3655 LaSalle Street, Phoenix AZ 85040  
Phone: 602-426-0602  
Please return to: lindaf@theplumberschoice.com

\* indicates a required field

Date: Sales Representative:\*

Business Name:\*

Billing Address:\*

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?\*

PO required:\* Yes No

AP Contact:

City:\* State:\* Zip:\*

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 1/2 % 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:

Position: