

Miami Tees



APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

ACCOUNT # _____

Title:

Company name:

Phone:

Fax:

E-mail:

Registered company address:

City:

State:

ZIP Code:

Date business commenced:

Sole proprietorship:

Partnership:

Corporation:

Other:

BUSINESS INFORMATION

Primary business address:

City:

State:

ZIP Code:

How long at current address?

Telephone:

Fax:

E-mail:

Annual sales volume prior year \$

Projected sales volume current year \$

of units sold prior business year:

Projected # of units current year:

Resale tax number:

Resale tax expiration date:

Credit card number on file:

Credit card expiration date:

Credit card security code:

Billing name and address:

Authorized signature:

Type of credit card:

BUSINESS/TRADE REFERENCES

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

AGREEMENT

1. 50% deposit upon order & balance prior to pick up or delivery
2. Claims arising from invoices must be made within seven working days. 2% damage rate is industry standard
3. By submitting this application, you authorize 1BMiami Tees to make inquiries into the business/trade references that you have supplied.

