

Same As Billing

Address

New Customer Application

Please email completed application to Lamar Douglas at lamar@fastenersystems.com

	Name/Address						
	Last:	First:		Middle Initial:	Title:		
Name of Business:			Accounts Payable Contact:				
Address:							
	City:	State:	ZIP:		Phone:		
	Shipping Address:						

Business License or Registration #:

Company Information						
Type of Business:	SIC Code:		In Business Sin	ice:		
Legal Form Under Wh	ich Business Operates:					
	Co	rporation	Partners	ship	Proprietorship	
If Division/Subsidiary,	Name of Parent Company:		In Busi	ness Since:		
Name of Company Pr	incipal Responsible for Busine	ss Transactions:	Title:			
Address:	City:	State:	ZIP:	Phone:		
Name of Company Pr	incipal Responsible for Busine	ss Transactions:	Title:			
Address:	City:	State:	ZIP:	Phone:		

Bank References	Preferred Payment: ACH	Preferred Payment: ACH Check CC * 3.5% CC Fee			
Institution Name:	Institution Name:	Tax Exempt Status			
Checking Account #:	Savings Account #:	Yes No			
Address:	Address:	If yes, please provide an exemption certificate prior to order.			
Phone:	Phone:				

Trade References

Requested Credit Line:

Company Name:	Company Name:	Company Name:			
Contact Name:	Contact Name:	Contact Name:			
Address:	Address:	Address:			
Email:	Email:	Email:			
Account Opened Since:	Account Opened Since:	Account Opened Since:			
Credit Limit:	Credit Limit:	Credit Limit:			
Current Balance:	Current Balance:	Current Balance:			

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.