



Attention:  
**Sales Dept.**

Fax:  
**616-931-0052**

Date:

Account Name:

**Owners Name:**

**Accounts Payable Contact:**

Phone Number:

Fax Number:

Email:

Bill To Address:

Ship To Address:

Bill To City:

Bill To State:

Bill To Zip:

Ship To City:

Ship To State:

Ship To Zip:

Does your company have a DBA or AKA? Yes  No

Purchase Orders required? Yes  No

If YES: Name of DBA or AKA?

Tax-Exempt? Yes  No

Federal Tax ID (FEIN) number:

If YES, please supply us with your state sales tax exemption certificate (*do not supply Federal exemption certificate*).

Business Start Date:

Expected monthly volume: 500  1000  2500

**Bank reference:**

Bank name	City	State
Checking account number:	Bank phone number	Bank contact

**Trade references: Vendors you purchase from on a Net-30 basis. (NO leases or office supply vendors)**

Name	Account #	Zip	Phone number
Name	Account #	Zip	Phone number
Name	Account #	Zip	Phone number

**Authorized Signature (\*required\*)**

\*I authorize release of any Credit information on my company to the BiaForm Corporation and I agree to the terms and conditions set forth.

**Date**

Credit Application – Request for Open Credit Terms – Net 30 Days / Customer is responsible for collection fees, court costs, and reasonable attorney fees to collect unpaid accounts.

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