



**INTERSTATE UTILITY TRAILER**

**GENERAL INFORMATION**

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

AP Email: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Fax: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Shipping Address (if different from above): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**FACTS ABOUT YOUR BUSINESS:**

Type of business: Partnership Corporation & State of \_\_\_\_\_

Federal ID #: \_\_\_\_\_

Franchise & Franchise of: \_\_\_\_\_

Business Purpose: \_\_\_\_\_

Number of years in business: \_\_\_\_\_

Number of years in business under current owner: \_\_\_\_\_

Name of owner / president: \_\_\_\_\_

**Amount of credit you are requesting: \$** \_\_\_\_\_ **\*\*\*PLEASE FILL IN AN AMOUNT\*\*\***

Are you tax exempt: Yes No If so, tax exempt number: \_\_\_\_\_

Bank Name:

BANKING INFORMATION: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Persons authorized to charge to your account: \_\_\_\_\_

\_\_\_\_\_

**TRADE REFERENCES - 3 REQUIRED**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Account Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Account Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Account Number: \_\_\_\_\_

**ACCOUNTS RECEIVABLE INFORMATION:**

Name and Title of Accounts Payable Contact: \_\_\_\_\_

\_\_\_\_\_

Is Purchase order required? \_\_\_\_\_