

Corporate Office
 311 Pattie ▪ PO Box 3580
 Wichita, KS 67201
 Phone: 316-264-4349
 Fax: 316-858-1279



FOR OFFICE USE ONLY: Acct # _____ Terms _____
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APPLICATION FOR OPEN ACCOUNT

Failure to complete this entire form could result in a delay of processing application.

Company Name:		
Billing Address – Street:		
City:	State:	Zip:
Physical Address – Street:		
City:	State:	Zip:
Phone:	Fax:	
Accounts Payable Contact:		
Phone:	Fax:	Email:
Would you like to receive your invoices electronically? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Email for electronic copies of invoices:		

Ownership Structure: <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship – If sole proprietorship, please provide SSN# - -		
Is company tax exempt? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, A COPY OF YOUR EXEMPTION FORM MUST ACCOMPANY THIS APPLICATION.		
Are purchase orders required? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Type of Business:		
Years in Business:	Credit Limit Requested:	
Bank Name:	Phone:	
Bank Address:		

TRADE REFERENCES		
Company Name:		Phone:
Address – Street:		Fax:
City:	State:	Zip:
Company Name:		Phone:
Address – Street:		Fax:
City:	State:	Zip:
Company Name:		Phone:
Address – Street:		Fax:
City:	State:	Zip:

CREDIT TERMS AND CONDITIONS	
<ul style="list-style-type: none"> For initial orders totaling \$2,500.00 or greater, ½ down payment via ACH/Wire/Credit Card will be required prior to order being fulfilled. Once the down payment is received, order will be fulfilled, and terms will be updated to Net 30. Payment terms are Net 30 days, unless otherwise noted on individual invoice. Signature below authorizes Spray Equipment to investigate applicant's credit worthiness. 	PLEASE REMIT PAYMENT TO: SPRAY EQUIPMENT & SERVICE CENTER LLC PO BOX 96407 CHARLOTTE, NC 28296-0407
Printed Name:	Date: