



6230 Brookhill Drive
 Houston, Texas 77087
 (713) 649.6691 - phone
 (713) 649.6694 - fax

New Customer Account

APPLICANT

Business Name: _____

Billing Address: _____

City, State, Zip: _____

Phone: _____ **Fax:** _____

Accounts Payable Contact: _____

Street Address (if different than billing address): _____

BUSINESS INFORMATION

Type of Organization: Partnership: _____ Corporation: _____ Gov't: _____
 Non Profit: _____ Proprietorship: _____ Other: _____

Name of Owner(s) or Corporate Officers: _____

Month and Year established: _____ **D & B Number:** _____

State Sales Tax Status: Exempt: _____ Taxable: _____

If EXEMPT from state tax, please provide proper certificate(s) for each state in which product will be shipped.

TRADE REFERENCES

Company Name: _____	Phone: _____
Address: _____	Fax: _____
City, State, Zip: _____	Contact Name: _____
Company Name: _____	Phone: _____
Address: _____	Fax: _____
City, State, Zip: _____	Contact Name: _____
Company Name: _____	Phone: _____
Address: _____	Fax: _____
City, State, Zip: _____	Contact Name: _____

BANK REFERENCE

Bank Name: _____ **Phone:** _____

Address: _____ **Fax:** _____

City, State, Zip: _____ **Contact Name:** _____

Account Number: _____ **Line of Credit:** _____

Secured? **Y** **N**

I hereby certify that the information listed above and/or attached is warranted to be true. I authorize South Coast Fire & Safety to investigate the above bank and trade references to obtain credit information. Should a credit availability be offered, applicant understands and agrees (1) to pay all charges within payment terms as stated on each invoice; (2) that all necessary collection and reasonable legal fees may be charged to applicant in the event of default or failure to pay for goods sold and delivered.

Name (printed): _____ **Title:** _____

Signature: _____ **Date:** _____

Please email when complete to: ssheppard@scfire.com or dstombaugh@scfire.com

Please attach Tax Exempt Certificate if applicable