

# APG OFFICE FURNISHINGS

## New Customer Information

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

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

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

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

How Long Have You Been In Business? \_\_\_\_\_ Type Of Business \_\_\_\_\_

Are You Tax Exempt? \_\_\_\_\_ If Yes, Attach Appropriate Certificate Of Exemption.

Corporation \_\_\_\_\_ L.L.C. \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_ Other \_\_\_\_\_

**Name of Principle Officers/Owner(s)**

**Address**

**Phone**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

### **Bank Reference**

Name of Bank: \_\_\_\_\_

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

Contact: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**Trade References**

**Address**

**Phone**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

I hereby authorize the above references to release any or all information needed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_