

Customer Application

Full Name of Firm:				
Address:				
City:	State:		Zip):
Phone: Cell:		Fax:		
Type of business: (Please circle) Sole 1 ***Please attack ***Please attack ***Please attack ***Please attack ****Please attack ****Please attack ****Please attack *****Please attack ************************************				Corporation
Date Incorporated or Established:				
Federal ID #:				
Business License #:				
Tax Resale #:				
Email Address:				
Email Address: Paperless Billing: (Please Circle) Ye Billing Email:		*this ca	n be ch	nanged at any time
Please choose type of account below				
<u>COD</u> : This account type requires payme to ship direct, then payment in full is required Freight is only an estimate and subject to <u>Prepay</u> : This account type will require payorduction. Payment can be provided to may be kept on file for ease of processing change.	uired any tino change. ayment in ful customer ser	ne before shall in order to	nipping o get the time of	of the order. The order into a card
Net 30: This account type requires paym is not contingent on the completion of the only an estimate and subject to change. I hold an account with terms. 1 – Name	e job or payr Please provid	nent from the only trade	he end e refere	user. Freight is ences in which you
1 – NameAddress	City	ST		ZIP
Account #				
2 – Name				
Address				ZIP
Account #	-			
3 – Name				
Address				ZIP
Account #				
4 – Name	PH	- r	FAX	
Address				ZIP
Account #				
		P 315011 -		

OWNERSHIP INFORMATION

SS # DL # Address City ST ZIP PH #	1 - Name	Title					
Address City ST ZIP PH # 2 - Name Title SS # DL # Address City ST ZIP PH # BANK ACCOUNT INFORMATION Bank Name Address City ST ZIP PH # BANK ACCOUNT INFORMATION Bank Name Address City ST ZIP Account # ***In order for BDD to accept checks please fill out all the above information*** By signing I (We) ask that an account be opened for Myself/Company. In the event that an account is opened, I (We) agree to the following terms and conditions. 1 - The terms agreed upon when account was opened. COD payment due upon receipt of goods. Net 30 payment due 30 days from date of invoice. 2 - In the event that an account becomes delinquent, BDD, INC, reserves the right to charge a finance charge of 18 % per year. 3 - In the event of default, BDD, Inc, reserves the right to cease all business with below signed individual and turn account over to collections and signer will be responsible for all additional fees. Signature (Owner only)							
City ST ZIP PH #							
Bank Name Bank Name Address City ST ST SIP PH # BANK ACCOUNT INFORMATION Bank Name Address City ST ST SIP Phone ***In order for BDD to accept checks please fill out all the above information*** By signing I (We) ask that an account be opened for Myself/Company. In the event that an account is opened, I (We) agree to the following terms and conditions. 1 - The terms agreed upon when account was opened. COD payment due upon receipt of goods. Net 30 payment due 30 days from date of invoice. 2 - In the event that an account becomes delinquent, BDD, INC, reserves the right to charge a finance charge of 18 % per year. 3 - In the event of default, BDD, Inc, reserves the right to cease all business with below signed individual and turn account over to collections and signer will be responsible for all additional fees. Signature (Owner only)	City	ST	ZIP	PH #			
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Bank Name	Address						
Bank Name	City	ST	ZIP	PH #			
Address CitySTZIP		BANK A	ACCOUNT IN	FORMATION			
Address CitySTZIP	Bank Name						
Account #							
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Signature (Owner only) Date	individual and turn acco						
Title Date	Signature (Owner only)						
	Title		Date				

Please fax completed and signed applications and licenses to the Accounting Dept in Tucson at 520-325-8558 Or email to brittneys@bddinc.com or tammyr@bddinc.com