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ACCOUNT APPLICATION

Providing the following confidential information will help us to establish a business relationship with your company and better serve your future business needs.

The following information must be completed in full (please type or print)

_____ NAME OF FIRM			_____ PHONE #	_____ FAX#
_____ BILLING ADDRESS			_____ WEBSITE	
_____ BILLING ADDRESS			_____ EMAIL ADDRESS	
_____ CITY	_____ STATE	_____ ZIP	_____ TYPE OF BUSINESS	

• PREFERRED SHIPPING METHOD: _____
All orders will be shipped GROUND unless otherwise stated above.

• IS THE SHIP TO ADDRESS RESIDENTIAL OR COMMERCIAL? _____

• IF THE SHIP TO ADDRESS DIFFERS FROM BILL TO, PLEASE PROVIDE BELOW.

NAME OF FIRM

_____ ADDRESS	_____ CITY	_____ STATE	_____ ZIP
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OWNERS OR OFFICERS

_____ NAME	_____ TITLE	_____ PHONE#	_____ EMAIL ADDRESS
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_____ NAME	_____ TITLE	_____ PHONE#	_____ EMAIL ADDRESS
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_____ NAME	_____ TITLE	_____ PHONE#	_____ EMAIL ADDRESS
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_____ NAME	_____ TITLE	_____ PHONE#	_____ EMAIL ADDRESS
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BUSINESS HISTORY

1. Date business started: _____
2. Years under present management: _____
3. Number of years at this location: _____
4. Is this concern a: ___ Partnership___ Proprietorship _____ Year incorporated: _____
5. Is this concern a division, subsidiary or affiliated with another corporation? YES ___ NO _____
6. If yes, give details _____
7. Are you D & B rated? YES___ NO___ Yearly sales volume? (Approx.)\$ _____ (Optional)
8. Estimated monthly purchases from FDCP? _____

FEDERAL TAX ID # _____

STATE TAX ID # _____

•CREDIT CARD ONLY _____
CALL TO PROVIDE CREDIT CARD INFORMATION.

•APPLY FOR TERMS - NET 30 DAYS _____
PLEASE PROVIDE BANK AND SUPPLIER REFERENCES BELOW

BANK REFERENCES

NAME OF BANK	BANK OFFICER	ACCOUNT#	TYPE OF ACCOUNT	
ADDRESS	CITY	STATE	ZIP	PHONE#

SUPPLIER REFERENCES

NAME	PHONE#	FAX#	EMAIL ADDRESS

PLEASE ATTACH A COPY OF YOUR BUSINESS LICENSE OR RESELLER'S CERTIFICATE WHEN SUBMITTING APPLICATION

THE ABOVE INFORMATION IS OFFERED FOR YOUR CONSIDERATION AS A BASIS FOR THE EXTENSION OF CREDIT TO US. IT IS UNDERSTOOD THAT PAYMENT WILL BE RENDERED IN FULL IN ACCORDANCE WITH THE TERMS NOTED ON YOUR INVOICE.

SIGNATURE: _____ TITLE: _____ DATE: _____

All requested data must be supplied before consideration can be given to establishing credit. The information provided will be used only for the purpose of establishing an account in your firms name and will be treated in strict confidence. Completion of this application does not automatically create a line of credit. Your application will be reviewed and a determination will be made as quickly as possible. Please allow 4 to 6 weeks for the processing of this application.