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Account Application

Bill To:

Name _____

Address _____

City, State, Zip _____

Phone _____

Fax _____

Owner's Name _____

Email _____

Ship To:

Name _____

Address _____

City, State, Zip _____

Phone _____

Fax _____

Owner's Name _____

Email _____

Type of business: Sole Proprietorship Partnership Corporation: State of _____

Number of years in business _____ Resellers Tax ID _____

Please indicate the method of payment you will be using:

Open Account, Net 30 days

Credit Card (Visa or MasterCard only)

If you would like to purchase on an open account, please complete the following information:

Bank Reference

Bank _____ Account Number _____

Address _____ Phone Number _____

Trade References Please list at least two trade references. No 800 toll-free numbers please.

Company Name _____ Company Name _____

Address _____ Address _____

City, State, Zip _____ City, State, Zip _____

Phone Number _____ Phone Number _____

Fax Number _____ Fax Number _____

Email _____ Email _____

- If past due, accounts must be forwarded to a collection agency and/or legal assistance is required to collect monies due, these costs will be added to the amount due.
- We certify that all the information submitted on this form for the purpose of opening an account to be true.
- We fully understand your credit terms and agree to the proper payment in consideration of extended credit.
- Please sign and date the line below which authorizes and directs the bank and the trade references to release credit information necessary for Smart Alex, Inc. to consider your open account status.

Signature (Officer of company) _____ Date _____

Name (Print) _____ Title _____