



Print Form

Submit by Email

accountsreceivable@retailresource.com

General Information

Legal Business Name								
List all trade and DBA names								
Address				City			State	Zip Code
Phone			Fax			Number of Years in Business		
Email Address						SIC #		
Email All Invoices To								
Business Description								
Sales Tax Exemption Certificate	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, include completed and signed copy of certificate(s).					

Business Information

FEIN (Federal Tax Identification #)							
<input type="checkbox"/> Sole Proprietorship / Owner							
<input type="checkbox"/> Partnership	Partner						
	Partner						
<input type="checkbox"/> Corporation	President			Vice President			
	Member			Member			
<input type="checkbox"/> LLC	President			Vice President			
	Member			Member			

Bank Reference

Bank Name					Account #			
Address				City			State	Zip Code
Contact Name				Phone			Fax	

Trade Reference (Three Vendors with whom you have established credit)

Name	Address, City, State, Zip	Phone # / Fax #	Account #
1.			
2.			
3.			

I have completed all sections accurately and to the best of my knowledge. I agree to pay all Retail Resource invoices within 10 days of the invoice date. I agree to pay a finance charge of 1.5% per month (18% per year) on any invoice balance over 30 days from date of invoice. My signature below authorizes my bank and listed vendors to release information to Retail Resource, for the purpose of obtaining or reviewing credit history.

Print Name			Title	
Signature			Date	