



**New Customer Information Sheet  
& Credit Application**  
To Return By Fax: 205-942-6002

Full Legal Name \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Your City and County Tax Jurisdiction \_\_\_\_\_

Date Business Started \_\_\_\_\_ State of Incorp \_\_\_\_\_ Tax ID Number \_\_\_\_\_ D & B Number \_\_\_\_\_

- Sole Proprietorship If your Company is a sole proprietorship or a partnership, or
- Limited Partnership a corporation which is owned by less than four individuals,
- Corporation please list the principals below:

Name \_\_\_\_\_ Title \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Sec Number \_\_\_\_\_

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Business Electronics Corp. is authorized to contact the following bank and trade references:

Bank Name \_\_\_\_\_ Address \_\_\_\_\_ Contact \_\_\_\_\_

Phone Number \_\_\_\_\_ Account Number(s) \_\_\_\_\_

Vendor Name 1 \_\_\_\_\_ Address \_\_\_\_\_ Contact \_\_\_\_\_

Phone Number \_\_\_\_\_ Account Number(s) \_\_\_\_\_

Vendor Name 2 \_\_\_\_\_ Address \_\_\_\_\_ Contact \_\_\_\_\_

Phone Number \_\_\_\_\_ Account Number(s) \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_ Print Name \_\_\_\_\_