



JANITORIAL AND BUILDING MAINTENANCE SUPPLIES
 PHONE: (801) 328-4818 FAX: (801) 328-9080
 333 WEST, 700 SOUTH. SALT LAKE CITY, UT. 84101

Application for open account

*Business Name:							
*Billing Address:							
Shipping Address:							
*Business Phone:							
Alt Phone/Fax:							
*Business Email:							
Business Type:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Corp</td> <td style="width: 33%;">Individual</td> <td style="width: 33%;">Partnership</td> </tr> <tr> <td>Year Est.</td> <td colspan="2">Fed. Tax ID or Social (REQUIRED)</td> </tr> </table>	Corp	Individual	Partnership	Year Est.	Fed. Tax ID or Social (REQUIRED)	
Corp	Individual	Partnership					
Year Est.	Fed. Tax ID or Social (REQUIRED)						

Corporate Officers:

Name	Address	Title	Phone

PURCHASE ORDER REQUIRED: YES NO

Authorized Purchasers:

Name	Title	Phone

***Credit References: (3 Required)**

Name	Address	Phone	Account

Bank Information

Name	Address	Phone	Account (optional)

Accounts Payable Contact

Name	Phone
Email	

***Required Field**

I (We) hereby grant permission for Bestway Products Co. to verify credit information.

The following conditions apply to all orders:

*All invoice terms will be net 30 days unless otherwise noted.

*Any disputes regarding invoicing or shipping claims will be brought to the attention of Bestway Products within 15 days of R.O.G.

*If payment is not made within terms extended, Bestway Products has the right to suspend shipments.

*If payment is not made within terms extended and our account is placed for outside collection, we agree to pay all collection expenses incurred during the collection of the unpaid balance, including attorney fees and court costs, before any other shipments are made under any terms.

*The amount of credit extended and terms may be adjusted, suspended or withdrawn at the discretion of Bestway Products.

I (We) understand and agree to abide by the conditions stated and attest that all the information given is true and correct according to my/our best knowledge and belief.

Date: _____

Signature: (Owner, partner, officer or authorized agent) _____

Print Name: _____

Title: _____