



New Account Application

Company Name:		Phone Number:	
Billing Address:			
City:		State:	Zip:
Shipping Address:			
City:		State:	Zip:
Receiving Hours:			
Delivery Instructions:			
Type of Business:		Years in Business:	
Purchase Orders Required? Yes / No		Monthly Statements Required? Yes / No	
A/P Contact:		A/P Phone Number:	
A/P Email:		A/P Fax Number:	
Purchasing Contact:		Purchasing Phone Number:	
Purchasing Email:		Purchasing Fax Number:	
Classification: () Corporation () Partnership () Individual			
Tax Exempt: () **Yes () No ** If Yes, please attach Exemption Certificate			
Banking Reference			
Bank Name:		Bank Phone Number:	
Bank Address:		Name of Contact:	
<i>Please sign for authorization to release financial information from your banking institution.</i>			
Name:		Title:	
Trade References			
1. Company:		Contact:	
Phone:	Fax:	Email:	
2. Company		Contact:	
Phone:	Fax:	Email:	
3. Company:		Contact:	
Phone:	Fax:	Email:	

*** Please fax completed application to Debi Butler at 412-771-7747 ***

If you have any questions, please contact your sales representative or
 Debi Butler, Executive VP of Customer Relations, at 412-771-7660 Ext. 303