



# NEW ACCOUNT FORM

FAX TO: 817-451-0637

Please print clearly Date \_\_\_\_\_

1. Company Name \_\_\_\_\_ YEARS IN BUSINESS \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Tel. No. ( ) \_\_\_\_\_, Contact Name \_\_\_\_\_

2. Type of Business:  Corporation  Partnership  Individual Ownership Tax ID# \_\_\_\_\_

**IF PARTNERSHIP, NAME PARTNERS-IF INDIVIDUAL OWNERSHIP, NAME OWNER**

3. BANK REFERENCE BANK ACCT. NO. \_\_\_\_\_

BANK \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_

4. NAME AND ADDRESS OF FIRMS WITH WHOM CURRENTLY DOING BUSINESS

A. (firm name) \_\_\_\_\_

(address, city/state/zip) \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_ FAX NO. \_\_\_\_\_

**HIGH CREDIT OBTAINED**

B. (firm name) \_\_\_\_\_

(address, city/state/zip) \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_ FAX NO. \_\_\_\_\_

**HIGH CREDIT OBTAINED**

C. (firm name) \_\_\_\_\_

(address, city/state/zip) \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_ FAX NO. \_\_\_\_\_

**HIGH CREDIT OBTAINED**

D. (firm name) \_\_\_\_\_

(address, city/state/zip) \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_ FAX NO. \_\_\_\_\_

**HIGH CREDIT OBTAINED**

Customer Name \_\_\_\_\_

Title \_\_\_\_\_ I give approval for Craftmark Pipe Markers to request information on our firm. If credit is not approved I will be notified.