



# Open Account Agreement

Fax to: 801-393-4003

### COMPANY INFORMATION:

Business Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Shipping Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Type of Ownership:  Corporation  Limited Liability Co.  Partnership  Limited Partnership  Sole Proprietor  Other: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Date Started: \_\_\_\_\_ Federal ID #: \_\_\_\_\_

### OWNERS AND/OR OFFICERS:

Name: \_\_\_\_\_ Home Address: \_\_\_\_\_

Title: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Name: \_\_\_\_\_ Home Address: \_\_\_\_\_

Title: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Name: \_\_\_\_\_ Home Address: \_\_\_\_\_

Title: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Social Security #: \_\_\_\_\_

### BANK REFERENCES:

Bank: \_\_\_\_\_ Officer to Contact: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Checking Account #: \_\_\_\_\_ Savings Account #: \_\_\_\_\_

Bank: \_\_\_\_\_ Officer to Contact: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Checking Account #: \_\_\_\_\_ Savings Account #: \_\_\_\_\_

### TRADE REFERENCES (required)

Company Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

City, State: \_\_\_\_\_ Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

City, State: \_\_\_\_\_ Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

City, State: \_\_\_\_\_ Phone: \_\_\_\_\_