

Account # _____



Account Representative: _____

Bill to Name: _____

Ship to Name: _____

Address: _____

Address: _____

City: _____

City: _____

State: _____ Zip: _____

State: _____ Zip: _____

Office Use Only <PG>

Is this a residential address? Yes ___ No ___

Do you have other locations? Yes ___ No ___

If yes, how is the purchasing and billing set up?

Central _____ Independently _____

Sales Contacts: _____

Phone: _____

Payable Contact: _____

Fax: _____

Business Type: _____

E-mail: _____

How did you hear about Strybuc: _____

Email Newsletter Y N

Web Site: _____

Payment: Credit Application: (Mail) ___ (Fax) ___ COD ___ Visa/MC _____ Exp _____

Tax Exempt*: Yes _____ No _____

**Only applicable for companies with offices or warehouses located in PA or FL, in which a copy of your certificate is required.*

Sales Rep #		Ordered By		Purchase Order	Order Date	Phone#	Incoming Call / Outgoing Call	
#	Quantity	Back Order	Shipped	Part #	Description	Price	Amount	
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

Special Instructions: _____

Who are you currently buying from? _____ Annual Sales: _____

What type of products do you use/sell? _____