



**CUSTOMER INFORMATION UPDATE**

**Sales Rep. ID** LY

COMPANY NAME \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
FEDERAL ID# \_\_\_\_\_ DUN & BRADSTREET NUMBER \_\_\_\_\_  
 CORPORATION  PARTNERSHIP  PROPRIETORSHIP  LLC YRS IN BUSINESS \_\_\_\_\_  
TYPE OF BUSINESS \_\_\_\_\_ NUMBER OF EMPLOYEES \_\_\_\_\_  
PROPERTY INFO: \_\_\_\_\_ OWN \_\_\_\_\_ RENT \_\_\_\_\_ LANDLORD OR MTG CO. \_\_\_\_\_

OWNERS, PRINCIPALS & OFFICERS:

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
SS# \_\_\_\_\_ TITLE \_\_\_\_\_ PHONE # \_\_\_\_\_  
NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
SS# \_\_\_\_\_ TITLE \_\_\_\_\_ PHONE # \_\_\_\_\_

The information and statements in this application are true and complete, and are made for the purpose of inducing you to establish an open account. You are hereby authorized to obtain any information you consider necessary from any source concerning the statements on this application.

**MUST RETURN SALES TAX CERTIFICATE WITH WORKSHEET**

OWNER (S) SIGNATURE (S)

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
NAME \_\_\_\_\_ DATE \_\_\_\_\_

BY SIGNING BELOW APPLICANT PERSONALLY GUARANTEES PAYMENT OF ALL INVOICES BILLED TO AFOREMENTIONED COMPANY.

\_\_\_\_\_  
(Name of Company)  
By \_\_\_\_\_  
President/Partner/Individual