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APPLICATION FOR OPEN ACCOUNT

(PLEASE ANSWER IN FULL)

Company Name _____ Years in Business _____

Shipping Address _____

City _____ State _____ Zip Code _____

Billing Address (if different) _____

City _____ State _____ Zip Code _____

Telephone (____) _____ Fax Number (____) _____

Is tax exemption claimed? Y / N If so, please fill out the included tax exemption form.

PO Required? Y / N

E-Mail Address _____ Website Address _____

Ownership:

_____ Corporation _____ Partnership _____ Sole Proprietorship _____ dba _____ Other

Principles: _____ Title _____

_____ Title _____

_____ Title _____

Accounts Payable: _____ Title _____

Credit References:

Supplier _____ Phone _____

Address _____ Fax Number _____

Contact Person _____ Years Associated _____

Supplier _____ Phone _____

Address _____ Fax Number _____

Contact Person _____ Years Associates _____

Supplier _____ Phones _____

Address _____ Fax Number _____

Contact Person _____ Years Associated _____

Bank Information:

Name of Bank _____ Phone _____
Address _____ Branch _____
Type of Account _____ Account No. _____
Type of Account _____ Account No. _____

Terms:

NET 30 DAYS 1½% per month (18% annual) interest will be added to past due charges.
No merchandise returned after 5 days.

By signing this form you agree to pay all costs, including reasonable attorney fees, if this account is referred to an agency for collection.

Name (please print) _____ Date _____

Title _____

Signature _____