



Company Information

Company Name: _____ Years in Business: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Email address: _____ Website: _____

Do you require a Purchase Order? Yes No

Billing Address if Different from Above:

Billing Contact Name: _____ Billing Phone Number: _____

Billing Fax Number: _____ Billing E-mail Address: _____

Business Type

Proprietorship Partnership or LLC Corporation State of Incorporation:

If a Proprietorship - Owner's Name: _____ Owner's Home Phone _____

Owner's Home Address: _____

Tax ID Number: _____

DUNS Number: _____

If you are an authorized retailer, please also submit a copy of your state's resell certificate with your application.

Bank References

Bank: _____ Contact Name: _____

Address: _____

Contact Phone Number: _____ Contact Fax: _____

Account Number: _____ Length of relationship: _____

Trade References (4 are required)

Name: _____ Contact Name: _____

Phone Number: _____ Fax Number: _____

Address: _____

Account Number: _____

Name: _____ Contact Name: _____

Phone Number: _____ Fax Number: _____

Address: _____

Account Number: _____

Name: _____ Contact Name: _____

Phone Number: _____ Fax Number: _____

Address: _____

Account Number: _____

Name: _____ Contact Name: _____

Phone Number: _____ Fax Number: _____

Address: _____

Account Number: _____

Required Documents

W-9

Resale (Tax Exempt) Certificate

Return Information

Please return this form along with the items noted under required documents (W-9 and tax exempt certificate) to accounting@brinly.com or fax to 812-218-6085.

I hereby release any and all credit and financial information to Brinly Hardy Company or its assignees.

By signing this application I agree to Brinly Hardy's terms of payment from date of invoice. I understand payment in full is required on each and every invoice or I could be subject to late fees or finance charges.

Signature Title Date

For Internal Use Only:

Customer Type: _____ Sales Price Code: _____

Shipping Method: _____ Freight Type: _____

Sales Rep.: _____ Rate: _____