



Forrester Manufacturing Co., Inc.
5073 Bristol Industrial Way
Buford, GA 30518

Fax to: 770.932.8225

New Account Credit Application

Please type or print, being sure to complete ALL of the following information in order to expedite the approval of your request for credit.

Bill to:
NAME: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
PHONE: _____
FAX: _____ Email _____
YEAR BUSINESS STARTED: _____

Ship to:
NAME: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
PHONE: _____
FAX: _____ Email _____

FORM OF BUSINESS: <Circle One> PROPRIETERSHIP PARTNERSHIP CORPORATION (STATE: _____)
PROPRIETOR, PARTNERS, OR CORPORATE OFFICERS (Please provide an alternate address where we may reach you)

1) Name, title: _____ SS # or FEIN #: _____

2) Name, title: _____ SS # or FEIN #: _____

Sales Tax Resale Certificate number (Mandatory): _____ State: _____
DUNS number: _____ SAN number: _____

References

Vendor references only. Provide at least three references. Use another page if necessary.

1) Firm name: _____ Address: _____
Account number: _____ City, State, Zip: _____
Phone number: _____ Fax number: _____

2) Firm name: _____ Address: _____
Account number: _____ City, State, Zip: _____
Phone number: _____ Fax number: _____

3) Firm name: _____ Address: _____
Account number: _____ City, State, Zip: _____
Phone number: _____ Fax number: _____

4) Firm name: _____ Address: _____
Account number: _____ City, State, Zip: _____
Phone number: _____ Fax number: _____

Bank Information

Bank: _____ Account number _____
Address: _____ City, State: _____
Phone number: _____ Fax number: _____
Zip Code: _____ Type(s) of account: _____

Credit limit requested: _____

YOU WILL BE NOTIFIED BY MAIL WHEN YOUR ACCOUNT IS OPEN.

I authorize the above listed credit references, including my bank, to release information to Forrester Manufacturing Co., Inc. As an authorized representative, I accept the seller's terms and as such am subject to a service charge of 1.5% per month (18% per annum) on balances exceeding terms.

X