

NEW ACCOUNT APPLICATION

To: H. Schultz & Sons
777 Lehigh Ave.
Union, NJ 07083
(908) 687-5400 Fax: 687-1788

SALESMAN _____

DATE _____

BILL TO:

Name _____

Address _____

City/State/Zip _____

Phone # () _____

Fax # () _____

Ship To: (If different from bill to)

Name _____

Address _____

City/State/Zip _____

Phone # () _____

_____ Corporation _____ Partnership _____ Sole Partnership

In Business _____ Years.

Type of Business _____

President/Owner Residence:

Name _____

Phone _____

Address _____

City/State/Zip _____

Partner Residence:

Name _____

Phone _____

Address _____

City/State/Zip _____

Bank Reference:

Name _____

Account # _____

Address _____

City/State/Zip _____

Trade Reference:

1). Name _____

Phone _____

Address _____

City/State/Zip _____

2). Name _____

Phone _____

Address _____

City/State/Zip _____

3). Name _____

Phone _____

Address _____

City/State/Zip _____

Sales Tax # (form attached, must be filled out)

We expect our monthly credit requirements from you to be about \$ _____

If our application is approved, we/I agree to pay our bills in strict compliance with your terms.

(Signed) _____ Pres/Owner _____ Partner _____