

# KAYDIN DISPLAYS

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## CUSTOMER APPLICATION

DATE:

COMPLETED BY:

A.  COMPANY  INFORMATION	COMPANY (DBA):	
	STREET:	
	CITY-ST-ZIP:	
	BUSINESS PHONE:	FAX:
	E-MAIL:	EIN #: *SEND W-9
	TYPE OF ORGANIZATION: ( X ) CORPORATION ( ) PARTNERSHIP ( ) SOLE PROPRIETORSHIP	
	OFFICERS, PARTNERS, OR OWNERS: (Include Spouse name if Sole Proprietorship)	
	NAME:	TITLE:
NAME:	TITLE:	
NAME:	TITLE:	
B.  CONTACTS	BUYER NAME:	PHONE:
		FAX:
		E-MAIL:
	ACCOUNTS PAYABLE:	PHONE:
FAX:		
E-MAIL:		
C.  SUPPLIER  REFERENCES  <u>FAX # REQUIRED</u>	1. SUPPLIER:	ACCT # :
	STREET:	FAX # :
	CITY-ST-ZIP:	PHONE # :
	2. SUPPLIER	ACCT # :
	STREET:	FAX # :
	CITY-ST-ZIP:	PHONE # :
3. SUPPLIER:	ACCT # :	
STREET:	FAX # :	
CITY-ST-ZIP:	PHONE # :	
D. BANK REFERENCE	BANK:	ACCT. NO.
	STREET:	
	CITY-ST-ZIP:	PHONE # :
E. YEARS	YEARS IN BUSINESS:	AMT OF CREDIT DESIRED:
	TYPE OF BUSINESS:	S.I.C. CODE:
F. SALES TAX	NON EXEMPT ( ) EXEMPT ( )	VENDORS # * SEND SALES TAX EXEMPT CERT.
G. RATING	D & B # :	
SALES PERSON:		