

CONFIDENTIAL CREDIT INFORMATION NEW ACCOUNT APPLICATION

FAX COMPLETED FORM TO: <p style="text-align: center;">336-884-5382</p>	RETURN COMPLETED FORM TO: <p style="text-align: center;">FlexoExchange, LLC 3219 Timberwolf Avenue High Point, NC 27265-9312</p>
FEDERAL TAX I.D.	STATE RESALE/MANUFACTURERS CERTIFICATE (ATTACH COPY*)

***NOTICE:** In accordance with the provisions of the State of Sales & Use Tax Act we are required to collect tax on sales of taxable property or services unless the purchaser gives us a properly completed Resale certificate or Exemption certificate.

BILLING ADDRESS		SHIPPING ADDRESS	
Company Name:		Company Name:	
Address:		Address:	
City/State or Country/Zip		City/State or Country/ Zip	
Accounting Contact (Name/Phone Number/Fax/ Email)		Shipping Contact (Name/Phone Number/Fax/ Email)	
OWNER / PRINCIPAL	TITLE	INCORPORATED <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> OTHER:	TYPE OF BUSINESS:
ESTIMATED SALES VOLUME:	OPENING ORDER AMOUNT:	CREDIT LINE REQUESTED:	

REFERENCE INFORMATION	FINANCIAL STATEMENT ATTACHED? YES <input type="checkbox"/>
BANK REFERENCE:	CONTACT ACCOUNT #:
BANK ADDRESS:	CITY/STATE/ZIP PHONE: ()
	FAX: ()

TRADE REFERENCES	MAILING ADDRESS	CITY	STATE	ZIP	TELEPHONE	FACSIMILE
1.						
2.						
3.						
4.						

The above information is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize FlexoExchange, LLC to investigate the references listed pertaining to my/our credit and financial responsibility and authorize my/our bank to release the information requested in conjunction with establishing this credit.

*Applicants signature attests The Company's financial responsibility and willingness to pay our invoices in accordance with set terms. FlexoExchange's payment terms are Net 30 days from invoice date. Any exception must have written authorization from FlexoExchange, LLC.

X **FIRM NAME:** _____ **BY:** _____ **DATE:** _____

(Title)

TO BE COMPLETED BY CUSTOMER SERVICE REPRESENTATIVE OR TECHNICAL ACCOUNT MANAGER			
CUSTOMER #	SALES TERRITORY:	CUSTOMER SERVICE REP.	DATE

TO BE COMPLETED BY CREDIT DEPARTMENT:			
TERMS	CREDIT LIMIT	APPROVED BY:	DATE: