

Customer Profile For Customer Accounts

Business Name: _____

Type Of Business: _____

Mailing Address: _____
Street/P.O. Box _____ City _____ State _____ Zip _____

Shipping Address: _____
Street _____ City _____ State _____ Zip _____

Telephone No. _____ Fax No. _____

E-mail Address: _____

Federal Tax Id _____ How Long In Business? _____

Other Business Experience _____

Form Of Organization: Corporation Partnership Proprietorship _____ Other _____

(Circle One)

Officers/Owners: _____ Name _____ Name _____

_____ Title _____ Title _____

_____ Social Security Number _____ Social Security Number _____

Accounts Payable Contact: _____ Requested Credit _____

Persons Authorized To Accept: _____

And/Or Purchase Merchandise: _____

(By Name Or Position) _____

Bank References _____ Name Of Bank _____ Loan Officer _____

_____ Address _____ Account Number _____

_____ City/State/Zip _____ Telephone/Fax No. _____

Trade Credit References: _____ Name _____

4 Are Required _____ Mailing Address _____

_____ City/State/Zip _____ City/State/Zip _____

_____ Contact _____ Contact _____

_____ Telephone/Fax No. _____ Telephone/Fax No. _____

_____ Name _____ Name _____

_____ Mailing Address _____ Mailing Address _____

_____ City/State/Zip _____ City/State/Zip _____

_____ Contact _____ Contact _____

_____ Telephone/Fax No. _____ Telephone/Fax No. _____

Authorized Signature: _____

Please Complete All Required Information. Incomplete Applications Will Result In A Delay In ProCessing.
Until Credit Is Approved, All Orders Are Cod.



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