



APPLICATION - CASH ACCOUNT

GENERAL INFORMATION

Company Name: _____

Telephone # : () _____ Fax #: () _____

Email Address: _____

Shipping Address _____

City: _____ State: _____ Zip: _____

Mailing (if different): _____

City: _____ State: _____ Zip: _____

Nature of Business: _____ Date Established: _____

Corporation: _____ Date Inc: _____ State: _____

Sales Tax Number: _____ State: _____

Federal ID Number: _____ SSN: _____

ROC Number: _____ Type: _____

Do you require a P.O.? Yes No

How do you wish to have your invoices and statements delivered?

Emailed Email Address: _____ **Faxed** Fax Number: _____

INFORMATION ON PRINCIPLES OF BUSINESS

Name Address City State Zip

Name Address City State Zip

Name Address City State Zip

I hereby certify that the above information is true to the best of my knowledge, and grant BSI permission to investigate and solicit information regarding the above named company and/or officers or owners.

Signature Title Date / /