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## NEW ACCOUNT APPLICATION

BILLING INFORMATION			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	Website:	
E-mail:			
SHIPPING INFORMATION			
<input type="checkbox"/> Use My Shipping Address as my Billing Address			
Company name:			
Address:			
City:		State:	ZIP Code:
ACCOUNT INFORMATION			
Customer Sales Tax Number:			
<b><i>Please attach Florida Resale Tax Certificate if Applicable</i></b>			
Federal Tax ID:		DUNS # (if applicable)	
<b>Person Responsible for Purchases and/or Payments</b>			
Name:	Phone:	Fax:	Email:
<b>Type of Account Desired:</b>			
<input type="checkbox"/> Net 30	<input type="checkbox"/> Proforma	<input type="checkbox"/> Credit Card	
<b>Until Credit Review is Complete:</b> <input type="checkbox"/> Credit Card or <input type="checkbox"/> Proforma			
<b>BANK:</b>			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	Account#:	Contact:
TRADE REFERENCES			
<b>TRADE:</b>			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	Account#:	Contact:
<b>TRADE:</b>			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	Account#:	Contact: