



COMMERCIAL WAREWASHING,
CLEANING & LAUNDRY PRODUCTS

office: 603.679.1222 - fax: 603.679.2292 - email: service@summitsupply.us - web: summitsupply.us
25 Commercial Drive, Unit 3A - Brentwood, New Hampshire 03833

Application for Open Account with:

Business Name: _____ D/b/a: _____
Address: _____ City/State: _____ Zip: _____
Phone: _____ FAX: _____ Email: _____
Years In Business: _____ Date: _____

TAXPAYER IDENTIFICATION NUMBER:

Tax Status (complete one section)

Individuals: Individual's Name _____
Individual's Social Security Number ____ - ____ - ____

Sole Proprietor: Business Owner's Name _____
Business Owner's Social Security Number ____ - ____ - ____
Business or Trade Name _____

Partnership: Name of Partnership _____
Partnership's Identification Number ____ - ____ - ____

Corporation, Exempt Charity, or other entity:
Name of Corporation or Entity _____
Employer Identification Number ____ - ____ - ____

BANK REFERENCES:

Name: _____
Address: _____ City/State _____ Zip _____

CREDIT REFERENCE:

- | | | | |
|----|-------|---------|-----------|
| 1. | _____ | _____ | _____ |
| | Name | Address | Telephone |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |

I agree to pay Summit Supply according to the terms specified. I agree to a monthly service charge on past due accounts at 1½ % per month. Any checks that do not clear the bank are subject to a charge plus any cash discount earned. I agree to pay all costs of collection, including attorney's fees, should legal action become necessary. I warrant that all information furnished herein is true and will personally guarantee all debts incurred by the above company.

[Print Name] _____

Date: _____ Signature: _____ Title: _____