



472 Marshall Avenue, Williston, VT 05495

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BUSINESS ACCOUNT APPLICATION

(PLEASE NOTE: This is NOT an application for A Net 30 credit)

DATE:

BUSINESS NAME

DATE BUSINESS EST.

OWNER / MAIN CONTACT

MAILING ADDRESS

CITY, STATE, ZIP

BUSINESS PHONE

CELL

FAX

E-MAIL

WEBSITE

NAME OF BOOKEEPER / ACCOUNTANT

PHONE #

PLEASE DESCRIBE YOUR BUSINESS

FEDERAL ID #

SHOULD WE CHARGE YOUR FIRM SALES TAX? YES___ NO___

If no, please provide your State tax number _____

DO YOU USE P.O. NUMBERS? YES___ NO___

DO YOU WISH TO HAVE LIMITED SIGNERS? YES___ NO___

Name of others who may use the account