

**CONFIDENTIAL NEW ACCOUNT APPLICATION**  
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**INSTRUCTIONS:**

- SECTION I:** Required for all new accounts and for account updates
- SECTION II:** Required when requesting payment via COD company check, net 15 days, and credit card .
- SECTION III:** Completion required for all credit card account applications.
- SECTION IV:** Completion and Signature required for all COD and credit card accounts
- SECTION V:** Completion and signature required for all net 15 day term account applications

**ATTACHMENTS:**

**NOTE:** One signature is required. Please sign either **SECTION IV** or **SECTION V** on the line marked with an . You need only sign the section appropriate for the application being submitted.

**SECTION I: COMPANY GENERAL INFORMATION**

Exact Corporate Legal Name \_\_\_\_\_ DBA \_\_\_\_\_

**BILLING INFORMATION**

Company Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax \_\_\_\_\_  
Email \_\_\_\_\_

**SHIPPING INFORMATION**

Company Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_

Year Company Founded \_\_\_\_\_ Years at above address \_\_\_\_\_ No. Employees \_\_\_\_\_  
Annual Sales \_\_\_\_\_ FEIN No. \_\_\_\_\_ Dun's No. \_\_\_\_\_

Brief description of the nature of the business \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Type of Business:**  Corporation Incorporated in (State and Date) \_\_\_\_\_  
 Proprietorship  Partnership Type Partnership \_\_\_\_\_  
 Other

**TERMS REQUESTED:**  COD Cash  COD Company Check  Visa/Mastercard/American Express  
 Net 15 Day Terms  
Is a purchase order or PO number required prior to our acceptance of the order?  Yes  No  
Written PO required?  Yes  No

Name and home address of Proprietor and/or Partners  
Name \_\_\_\_\_ Position \_\_\_\_\_  
Home Address \_\_\_\_\_  
Phone \_\_\_\_\_ Social Security No. \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_  
Home Address \_\_\_\_\_  
Phone \_\_\_\_\_ Social Security No. \_\_\_\_\_

If corporation:  
President \_\_\_\_\_ Phone \_\_\_\_\_  
Vice President \_\_\_\_\_ Phone \_\_\_\_\_  
Comptroller \_\_\_\_\_ Phone \_\_\_\_\_  
Accounts Payable Contact \_\_\_\_\_ Phone \_\_\_\_\_

**SECTION II: BANK REFERENCES** (required when requesting payment via company check, net 15 days)

Bank Name \_\_\_\_\_ Bank Officer \_\_\_\_\_  
Account No. \_\_\_\_\_ Date Opened \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Bank Name \_\_\_\_\_ Bank Officer \_\_\_\_\_  
Account No. \_\_\_\_\_ Date Opened \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_



## Consent Form Authorization

Company Name: \_\_\_\_\_

I (we) hereby give my (our) consent to FoxFire, Inc. to obtain any and all necessary information including but not limited to my (our) banking, trade obligations, and all other credit matters which FoxFire may determine as are necessary in reference to our Account Application for a dealership and/or any credit terms from FoxFire, Inc.

This form may be reproduced or photocopied and that copy shall be as effective consent as the original which (we) signed below.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: (printed) \_\_\_\_\_

## Sales and Use Tax Certificate of Exemption

1.\* The undersigned hereby certifies he holds a valid sales and use tax certificate for the State of \_\_\_\_\_ and that he is principally engaged in the business of selling \_\_\_\_\_

2.\* The undersigned also certifies that the tangible personal property, described as follows, \_\_\_\_\_

which he shall purchase from FoxFire, Inc. whose corporate headquarters are located at 10301 Harry Hines Blvd., Dallas, TX 75220, will be for the purpose indicated below.

3.\* (Please check which applies)

- \_\_\_\_\_ Resale in its present form  
\_\_\_\_\_ Resale as converted into or as a component of a product  
produced by the undersigned.

4. The undersigned certifies he will accrue and pay any applicable use tax on any tangible personal property obtained under this certificate of exemption if it is used or consumed by the purchaser.

5.\* I declare under penalties of false swearing that it is my belief that the vendor named herein is not required to collect the sales or use tax on the transactions covered by this certificate, and to the best of my knowledge and belief is true and correct, made in good faith, pursuant to the sales and use tax laws of the aforementioned state.

Purchaser's  
Firm Name \_\_\_\_\_

Certificate  
Registration # \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

By \_\_\_\_\_  
(Signature)

\*Answers to Questions 1-3 and Signature required

\_\_\_\_\_  
(Title: Owner, Partner, Official)