EJPPG CUSTOMER INFORMATION AND APPLICATION

Company Name: _____

Contact Name: _____ E-mail: _____

Shipping Address: _____
Address City State Zip

Phone Number: _____ Fax Number: _____

COMPANY INFORMATION:

Type of Business: ☐ Sole-Proprietorship ☐ Corporation ☐ Partnership

Will purchases from EJPPG be resold? ☐ Yes ☐ No

Sales Tax Permit Number*: _____

**If purchasing for resale or if you have tax-exempt status, please provide a copy of your sales tax permit or government-issued letter authorizing tax-exempt purchases before an exemption can be extended.*

Federal Tax ID Number: _____ D&B Number: _____

Business Since Date: _____

COMPANY BILLING CONTACT INFORMATION:

Payables Contact: _____ Title: _____

Payables E-mail address: _____

Billing Address: _____
Address City State Zip

Phone Number: _____ Fax Number: _____

Physical Address: _____
(If different than shipping) Address City State Zip

BANKING INFORMATION:

Bank Name: _____ Contact Name: _____

Address: _____ Account Number: _____

Phone Number: _____ Fax Number: _____

CREDIT REFERENCES:

Company: Contact Name: Address: Fax Number:

1.) _____

2.) _____

3.) _____

APPLICANT SIGNATURE:

I hereby give my authorization for the release of any bank and/or credit information requested by Eskimo Joes Promotional Products Group.

_____ _____

Printed Name Signature

_____ _____

Title Date

Must be signed by Corporate Officer or Owner. Indicate: ☐ Owner ☐ Corporate Officer

For Office Use Only:

Credit Limit: _____ Approved By: _____ Date: _____

When completed, please fax to (405) 533-7766.