



**EJPPG CUSTOMER INFORMATION AND APPLICATION**

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

Contact Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Shipping Address: \_\_\_\_\_  
Street Address City State Zip

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Birthday: Month \_\_\_\_\_ Day \_\_\_\_\_ (For birthday specials)

**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:**

Same as above

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street Address or PO Box City State Zip

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Email Invoices:  Yes  No *If Yes, list email address where you would like them sent. **Limit 2***

1) \_\_\_\_\_

2) \_\_\_\_\_

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

For Office Use Only:	Notify Marketing of New Account
Credit Limit: _____	Approved By: _____ Date: _____

**When completed, please fax to:  
 Stillwater - (405) 533-7766  
 Tulsa - (918) 477-7222  
 Or e-mail to Sales@EJPPG.com**