



COMMERCIAL BUSINESS ACCOUNT INFORMATION

Company Name (d.b.a.): _____
Billing Address: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Phone #: (____) _____ Fax #: (____) _____
Duns #: _____ Web/Email Address: _____

Ownership: Year Business Established: _____ Years Under Present Management: _____
(_) Sole Proprietorship () Partnership () Corporation () LLC () Subsidiary of _____
Business License # _____ Resale Certificate # _____

Names of Principals, Titles & Addresses:

1. _____ Title _____
Home Address: _____ Phone #: (____) _____
2. _____ Title _____
Home Address: _____ Phone #: (____) _____

Terms:

This information is solely used to set up a customer account with Anthony on credit card or CIA terms. **This is not an application for credit terms.** Any misrepresentation in the information provided will be considered evidence of fraud. The undersigned warrants that the information submitted is true and correct. Said business fully understands terms and conditions of sale as shown on our invoices which supersede all agreements previously made on purchase orders submitted to and accepted by Anthony. Sales tax will be charged to the account if a resale certificate is not supplied on the company's behalf. In the event any third parties are employed to collect any outstanding monies owed by said business the undersigned agrees to pay reasonable collection costs, including attorney fees, whether or not litigation has commenced, and all cost of litigation incurred. The undersigned represents that he/she has the authority to execute this commercial business account information on behalf of the business identified.

Signature: _____ Title: _____ Date: _____
(Owner/Officer)
Signature: _____ Title: _____ Date: _____
(Owner/Officer)

**** PLEASE TYPE OR PRINT ALL INFORMATION / PLEASE PROVIDE ALL PHONE & FAX NUMBERS****

Please fax back to:
Credit Department
818-365-6196

Or Email to:
credit@anthonyintl.com