

Welcome, we look forward to working with you as a partner.



Alluserv, LLC
901 West 14th Street, Suite 200
Washington, MO 63090
Ph. 636-239-8441
Fax 636-239-8435

Office use only:
Acct #: _____
Classification: _____

Date: _____

Company Name Federal Tax ID Number

Mailing Address: Shipping Address if different Billing Address if different

City, State, Zip City, State, Zip City, State, Zip

Sales/Marketing Manager Phone Fax Email

Purchasing Contact: Phone Fax Email

Accounts Payable Contact Phone Fax Email

1. What is your Company's primary business?

2. What geographic area do you cover?

Bank Name: Contact:

Account Number: Phone: Fax:

We require at least 3 Credit References (Attach additional Sheet if Necessary)

1.

Company Contact Phone Fax

2.

Company Contact Phone Fax

3.

Company Contact Phone Fax

*****PLEASE ENCLOSE COPY OF TAX EXEMPT CERTIFICATE*****

Notice
The federal equal credit opportunity act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age, (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the consumer credit protection act. The federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission, Equal Credit Opportunity, Washington DC 20580.

The above information is provided for the purpose of obtaining credit and is warranted to be true. I/we hereby authorize Alluserv, LLC. to investigate this company pertaining to my/our credit and financial responsibility, for the potential of establishing credit. We hereby also agree to pay Alluserv, LLC invoices in accordance to selling terms of Alluserv, LLC.

Authorized Signature Title