

MYAOPEN.COM

1580 Boggs Rd, Suite 800
 Duluth, GA 30096
 Tel: 770-931-9968
 Fax: 770-931-9809

Sales:**Date:****ACCOUNT APPLICATION**

Company Name:	Phone:		
	Fax:		
	E-Mail:		
Billing Address:			
Shipping Address:			
Type of Business:	Proprietorship	Partnership	Corporation
Parent or subsidiary of:		Date of Business Start:	
Number of employees:		Federal ID:	
Monthly sales Volume:		Reseller ID:	
Contact:		Dunn & Bradstreet:	

Bank Reference

1. Bank Name:		Account#:	
Contact Person:		Telephone:	
Address:			
2. Bank Name:		Account#:	
Contact Person:		Telephone:	
Address:			

Trade Reference:

1. Company Name:		Telephone:	
Address:		Contact Person:	
2. Company Name:		Telephone:	
Address:		Contact Person:	
3. Company Name:		Telephone:	
Address:		Contact Person:	

BANK INFORMATION RELEASE FORM

I hereby authorize representative of _____ (bank) to release requested information concerning our checking account(s)

_____ & _____ to MYAOPEN.COM for

the purpose of establishing a company check relationship. Company Name

_____ Address: _____

Authorized Agents Signature:

***Please attach a copy of your valid Resale Tax Certificate, and submit Georgia Sales Tax Certificate (for Georgia Customer). *For Net Terms Account please enclose a copy of your company's latest financial statement. Undersigned hereby agrees to personally indemnify MYAOPEN.COM for all losses which may arise from any transaction with MYAOPEN.COM.**

Officer's Signature:

Date:

Officer's Name:

Officer's Title: