

# Account Application Form

TONERFARM.COM

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Please fill in all fields (please print). All information provided will be held in the strictest confidence.

## Applicant Information

Legal name of business					
Business Address			City	State	Zip Code
Resale #	Fed Tax ID#	In Business Since:	Tel	Fax	
Type of Business <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company					
Name of Officer		Title	Social Security Number		Personal Guarantee <input type="checkbox"/> Yes <input type="checkbox"/> No
Contact (If different from above)		Title	Contact Phone Number		

## Trade References

Name			Account #		
Address		City	State	Zip Code	
Account #	Terms	Credit Line	Tel	Fax	

Name			Account #		
Address		City	State	Zip Code	
Account #	Terms	Credit Line	Tel	Fax	

Name			Account #		
Address		City	State	Zip Code	
Account #	Terms	Credit Line	Tel	Fax	

## Bank Reference

Bank Name			Account #		
Address		City	State	Zip Code	
Date Opened	Terms	Credit Line	Tel	Fax	

I certify that all information provided on this form is correct:

Signature	Date	Title
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