|  |  |  |
| --- | --- | --- |
| Date |  |  |
| Initial Order $ |  | Estimated Annual Volume $ |  |
| Legal Name of Business |  |
| Telephone No. |  | Fax No. |  |
| Billing Address |  |
| City |  | State |  | Zip |  |
| Shipping Address |  |
| City |  | State |  | Zip |  |
| Company Contact |  | A/P Contact |  |
| Accounts Payable Email |  |
| Legal Identification: | Corporation |  | Partnership |  | Individual |  |  |
| Year Established |  | Federal ID No. |  |
| Kutol Sales Rep |  | Territory No. |  |
| Please supply three credit references including name, address, telephone, and fax numbers.\*\* Fax numbers must be listed \*\* |
| **1.** Ref |  | City/State |  |
| Telephone |  | Fax |  |
| **2.** Ref |  | City/State |  |
| Telephone |  | Fax |  |
| **3.** Ref |  | City/State |  |
| Telephone |  | Fax |  |
| Bank Reference |  |
| Name |  | Address |  |
| Bank Officer |  | Telephone No. |  |
| If you are tax exempt please supply a copy of your vendor’s certificate or tax exemption certificate. |