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| 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |