



Account Application

YOUR BUSINESS DETAILS

COMPANY NAME: _____

OWNER'S NAME: _____

PURCHASING AGENT: _____

BILLING ADDRESS: _____

SHIPPING ADDRESS: _____

PHONE: _____

FAX: _____

EMAIL: _____

A/P CONTACT: _____

A/P PHONE: _____

ANNUAL SALES: _____

PROJECTED SALES WITH QMLS: _____

CUSTOMER'S AUTHORIZATION TO RELEASE BANK & TRADE REFERENCE INFORMATION

I/We hereby authorize you to whom this application is made, or your agents, to investigate my/our credit worthiness and will provide financial statements, tax returns, etc., as you deem necessary.

Authorized Signature

Fax this form to (203) 281-6451

If you're new to QMLS, we wish you a warm welcome. To help us fill your first order as quickly as possible, please provide us with some general business and credit information. If you have any questions, we're always ready to help. Just call us at 1-800-552-9427 or visit our website at <http://www.qmls.com>

Please include a copy of your Tax Resale Permit (Tax Exemption Form)

BANK REFERENCE

BANK NAME: _____

CONTACT: _____

ACCOUNT NUMBER: _____

PHONE: _____

FAX (REQUIRED): _____

ADDRESS: _____

TRADE REFERENCES

Please note that fax numbers are required for ALL references.

BUSINESS NAME: _____

ADDRESS: _____

PHONE: _____

FAX: _____

CONTACT/ACCT NO.: _____

BUSINESS NAME: _____

ADDRESS: _____

PHONE: _____

FAX: _____

CONTACT/ACCT NO.: _____

BUSINESS NAME: _____

ADDRESS: _____

PHONE: _____

FAX: _____

CONTACT/ACCT NO.: _____

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