

Account Application



Company Name: _____

Owner's Name: _____

Billing Address: _____

Shipping Address _____

Purchasing Agent: _____

Purchasing E-mail: _____

Purchasing Phone _____

Purchasing Fax: _____

Accounts Payable Contact: _____

Accounts Payable E-mail: _____

Accounts Payable Phone _____

Annual Sales: _____

Projected Sales with QMLS: _____

Bank Reference: _____

Bank Name: _____

Contact: _____

Account Number: _____

E-Mail (Required): _____

Phone: _____

Fax: _____

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.

Authorized Signature

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

TRADE REFERENCES:

Please note that fax numbers or e-mail addresses are required for ALL references.

#1. Business Name: _____
Business Address: _____
Contact Name: _____
E-Mail (required): _____
Phone: _____
Fax: _____

#2. Business Name: _____
Business Address: _____
Contact Name: _____
E-Mail (required): _____
Phone: _____
Fax: _____

#3. Business Name: _____
Business Address: _____
Contact Name: _____
E-Mail (required): _____
Phone: _____
Fax: _____

Fax this form to (203) 281-6451 or E-mail to: accounting@qmls.com

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>