

# CUSTOM EXHAUST APPLICATION FOR COMMERCIAL ACCOUNT

**Business Name:**

**Mailing Address:**

**City, State Zip:**

**Shipping Address:**

**City, State Zip:**

**Phone Number:**

**Fax:**

**Established (MM/YY):**

Sole Propriety

Corporation

LLC

Partnership

**Tax ID:**

**Owner:**

**Address:**

**City, State Zip:**

**SSN (OR Bus. Id):**

**Description of Business:**

**Account Type You Are Applying For: (please circle one)**

**COD/Company Check or 30 Day Net**

**Company Website:**

**Email:**

**Type of Merch. you carry:**

## TRADE REFERENCES

**NAME**

**PHONE NO.**

**ACCT NO.**

**COD/OPEN**

I HEREBY CERTIFY ALL ABOVE INFORMATION TO BE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. UPON ACCEPTANCE OF MY ACCOUNT I AGREE TO ALL OF SELLERS TERMS AND CONDITIONS OF SALE.

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

## CUSTOM EXHAUST APPLICATION FOR COMMERCIAL ACCOUNT

PLEASE FAX BACK COMPLETED APPLICATION TO: 541.330.8311, WITH THE FOLLOWING DOCUMENTS.

- COPY OF YELLOW PAGE AD
- COPY OF BUSINESS CARD
- COPY OF BUSINESS LETTERHEAD

IF THERE IS ANY PROBLEM PROVIDING ANY OF THE FOLLOWING ITEMS PLEASE CALL TO DISCUSS ADDITIONAL OPTIONS.

THANK YOU,

LAUREL BURTON  
CUSTOM EXHAUST SPECIALTIES, INC.  
541.330.5931  
FAX 541.330.8311