

**Company Information**

Company Name:			
Business Address:	City:	State:	Zip:
Shipping Address:	City:	State:	Zip:
Telephone Number:	Fax Number:	Email Address:	
Type of Business:	Year Estab:	Est. Annual Sales	
Principals/Title:			
A/P Contact Name:	Phone No. Ext.	Email Address:	Buyer Name and Number:

**Customer's Tax Information**

State Tax Exemption Number	Federal Identification Number
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**Personal Information on Guarantor, Partners or Principals**

Name:	Date of Birth:		
Home Address:	City:	State :	Zip:
Home Phone Number:		Years with Firm:	
Name:	Date of Birth:		
Home Address:	City:	State	Zip:
Home Phone Number:		Years with Firm:	

**Trade References**

Name:	Contact:		
Address:	Phone Number:	Fax Number:	
City:	State:	Zip:	
Name:	Contact:		
Address:	Phone Number:	Fax Number:	
City:	State:	Zip:	
Name:	Contact:		
Address:	Phone Number:	Fax Number:	
City:	State:	Zip:	
Bank Name:	Contact:		
Address:	Phone Number:	Fax Number:	
City:	State:	Zip:	
Account Types and Numbers			

**Authorization**

By signing below I certify that the facts contained are true and complete to the best of my knowledge, and will be used by Snaak Bar, LLC for the purpose of reviewing and granting an open account status. I authorize investigation of all statements contained herein and I request the references listed above to give you all information concerning the Company's credit and financial responsibility and any other pertinent information they have, personal or otherwise. I release all parties from all the liability for any damage that may result from furnishing this information to you. The terms and conditions of sale set forth on the following pages and incorporated herein by this reference, are the terms and conditions upon which all sales of seller's product to buyer shall be made. I have read, understand and agree to abide by these terms and conditions. I certify that I have the authority to enter into this agreement and sign for the company requesting an open account status.	CK by:	
	Apt by:	
	Date:	
Signature of Authorizing Corporate Officer, Partner or Owner	Title	Limit:
Print Name:	Date:	Terms:

**All Customers Must Complete Tax Certificate**