

Date: _____

Complete Store name: _____

DBA Name: _____

Full Store Address: _____

Telephone Number: _____

Fax Number: _____

Tax ID Number: _____

Confirmation Contact: _____

A/P Contact: _____

Shipping Address: _____

Suggested Pay Terms: _____

Suggested Credit Limit: _____

Please supply all of the above requested information when setting up new accounts. Please be sure to include a copy of the **Tax I.D.** for your business so that your application can be processed immediately. New accounts **will not** be processed until **all** of the information has been received by the office.

Thank you,

13 CHRISTOPHER AVE. BROOKLYN NY 11212

Tel. 718-485-7662

Fax 718 485-7499