



opening Solutions group

Application for a Business Account  
PHONE: 888.674.8889

CONTACT INFORMATION	Name/Title:		
	Legal business name:		Year business commenced:
	Phone:	Fax:	E-mail:
	Business / billing address:		Years at current address:
	City:	State:	ZIP Code:
	Sole proprietorship:	Partnership:	Corporation: Other:

CREDIT INFORMATION	A/P Contact:		
	City:	State:	ZIP Code:
	Ship to address:		
	Telephone:	Fax:	E-mail:
	Bank name:		
	Bank address:		Phone:
	City:	State:	ZIP Code:

TRADE REFERENCES	Checking Account Number:		Other Account Numbers:		
	Company name:				
	Address:		City:	State & ZIP:	
	Phone:	Fax:		E-mail:	
	Type of account:				
	Company name:				
	Address:		City:	State & ZIP:	
	Phone:	Fax:		E-mail:	
	Type of account:				
	Company name:				
	Address:		City:	State & ZIP:	
	Phone:	Fax:		E-mail:	
	Type of account:				
	Company name:				
	Address:		City:	State & ZIP:	
	Phone:	Fax:		E-mail:	
	Type of account:				

AGREEMENT	<ol style="list-style-type: none"> <li>All invoices are to be paid 15 days from the date of the invoice.</li> <li>Claims arising from invoices must be made within seven working days.</li> <li>By submitting this application, you authorize Opening Solutions Group, LLC to make inquiries into the banking and business/trade references that you have supplied.</li> <li>A copy of your State Tax Exemption Certificate <b>MUST</b> be forwarded with this credit application, otherwise you will be taxed for all purchases. <b>Return via fax: 724.740.1888</b></li> </ol>

SIGNATURE		SIGNATURE	
Title: _____ Date: _____		Title: _____ Date: _____	
<b>Steve Behrens</b>			