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APPLICATION FOR OPEN ACCOUNT
(Print, Fill, Fax/Mail Form)

COMPANY NAME: _____

ADDRESS: _____

TEL: _____ FAX: _____ EMAIL: _____

COMPANY TYPE: CORPORATION PARTNERSHIP PROPRIETORSHIP DATE STARTED _____

OWNERS/OFFICERS:

NAME/TITLE _____

NAME/TITLE _____

PERSON IN CHARGE OF ACCOUNTS PAYABLE: _____

TYPE OF BUSINESS CONDUCTED: _____

LIST 4 TRADE REFERENCES ** (NO UTILITIES, LEASING/RENTAL OR CREDIT CARD COMPANIES) *

1) NAME: _____ 2) NAME: _____

ADDRESS: _____ ADDRESS: _____

TEL/FAX: _____ TEL/FAX: _____

ACCT #: _____ ACCT #: _____

3) NAME: _____ 4) NAME: _____

ADDRESS: _____ ADDRESS: _____

TEL/FAX: _____ TEL/FAX: _____

ACCT #: _____ ACCT #: _____

**** **BANK:** _____

TEL/FAX: _____ ACCT #: _____

SIGNATURE (**REQUIRED TO RELEASE CREDIT INFORMATION**) _____

PRINTED NAME/TITLE _____ DATE: _____