



New Account Application

2202 E. McDowell Road Suite 5
 Phoenix, AZ 85006
 TEL 480.685.4466
 FAX 480.452.0101
 sales@JerkStopper.com
 www.JerkStopper.com

> COMPANY INFORMATION

Legal Business Name	Telephone	Fax
Billing Address (Street)	City	State Zip
Shipping Address (Street)	City	State Zip
Type of Business: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (State: _____) <input type="checkbox"/> LLC (State: _____)		
Contact	Title	Years in Business Fed Tax No.
Contact Email Address	Website	Tax ID / Resale #
Note: AZ resellers must include copy of resale certificate		
A/P Contact	A/P Email	A/P Telephone
Nature of Business: <input type="checkbox"/> Distributor <input type="checkbox"/> Dealer <input type="checkbox"/> Studio / Rental <input type="checkbox"/> Other		
Specialty Market (check all that apply): <input type="checkbox"/> Consumer Electronics <input type="checkbox"/> Photo/Video <input type="checkbox"/> Music/Audio <input type="checkbox"/> Education/Government <input type="checkbox"/> Other (specify) _____		

To be considered for an open account and terms please complete the following section

> BANKS INFORMATION

1. Bank Name	Contact	Telephone	Fax
Account #	Name on Account	How Long Has Account Been Established?	
2. Bank Name	Contact	Telephone	Fax
Account #	Name on Account	How Long Has Account Been Established?	

> TRADE REFERENCES

1. Supplier Name	Contact	Telephone	Fax
Account #	Credit Limit	How Long Has Account Been Established?	
2. Supplier Name	Contact	Telephone	Fax
Account #	Credit Limit	How Long Has Account Been Established?	
3. Supplier Name	Contact	Telephone	Fax
Account #	Credit Limit	How Long Has Account Been Established?	

I / We certify that the within information is true and correct and I / we authorize Cable Retention Systems, LLC (CRS) or assignee to contact and receive credit information on the above business and may furnish credit information on the above business to other suppliers or credit reporting agencies. It is understood that this information will be held in the strictest confidence and used only by your credit department. Applying for CRS credit commits purchaser to paying for all product received from CRS. First delivery requires pre-payment. Subsequent deliveries subject to agreed terms.

Signature: _____ Print Name & Title _____ Date: _____

Completed Applications can be emailed to accounting@JerkStopper.com or faxed to 480-452-0101

CREDIT DEPT USE ONLY:

Date Received: _____/_____/_____
 Sales Rep: _____
 Approved Terms: _____

Date Approved: _____/_____/_____
 Customer #: _____
 Credit Line: \$ _____