



MAILING ADDRESS: P. O. BOX 12869, NORFOLK, VIRGINIA 23541  
OFFICE TELEPHONE: (757) 436-7679 FAX: (757) 502-4875

1324 LINDALE DR.  
CHESAPEAKE, VA 23320  
SALES: (757) 547-2167

2502 58<sup>TH</sup> STREET  
HAMPTON, VA 23661  
SALES: (757) 826-3600

3666 PROGRESS RD.  
NORFOLK, VA 23502  
SALES: (757) 857-4324

9501 BURGE AVENUE  
RICHMOND, VA 23237  
SALES: (804) 612-3286

268 LONDON BRIDGE RD.  
VIRGINIA BEACH, VA 23454  
SALES: (757) 631-1755

**SOURCE**      Date      Salesman/Counterman      Branch

**CUSTOMER**

Business Name	Telephone No.		
Trading As	Fax No.		
Street Address	City	State	Zip
Mailing Address	City	State	Zip
Owners, Officers or Manager			
Home Address	City	State	Zip

**BUSINESS**

**(PLEASE FILL OUT ALL INFORMATION REQUESTED)**

Form of Business (Corp., Proprietor, etc.)	Incorporated in State of		
Nature of Business	Dun & Bradstreet No.		
Name and Address of Bank	Date Started this Business		
Trade References	Contact Name	Complete Mailing Address	Telephone & Fax Numbers
1.			Phone: Fax:
2.			Phone: Fax:
3.			Phone: Fax:
Accounts Payable Contact			Phone: Fax:
Accounts Payable Email			

**SPECIAL BILLING REQUIREMENTS**

Do you want your statement mailed or emailed?	<input type="checkbox"/> Mailed	<input type="checkbox"/> Emailed
Do you want your invoice(s) at time of delivery or emailed?	<input type="checkbox"/> Time of delivery	<input type="checkbox"/> Emailed
Purchase Order Required? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Authorized to Buy		
Sales Tax Exempt? Yes <input type="checkbox"/> No <input type="checkbox"/> If for resale, please furnish tax exemption form.		
Please explain any other special billing requirements.		

Customer agrees that all accounts will be due and payable in full within thirty days of date of billing statement. Customer agrees that unpaid balance outstanding after sixty days will be assessed a FINANCE CHARGE computed at a periodic rate of 1 ½% per month which is an ANNUAL PERCENTAGE RATE of 18%. SHOULD IT BE NECESSARY FOR APPLICANT'S ACCOUNT TO BE TURNED OVER TO AN ATTORNEY FOR COLLECTION, APPLICANT AGREES TO PAY REASONABLE ATTORNEY FEES, COURT COSTS AND IN THE EVENT THIS ACCOUNT IS IN DISPUTE, VENUE WILL LIE IN THE CITY OF CHESAPEAKE, VIRGINIA.

Applicant – Please Sign\* \_\_\_\_\_

Please Print Full Name \_\_\_\_\_

\*Application must be signed by an officer of the corporation.