



Account Application

For the purpose of establishing an open account with Akrit the following statement in writing is made, intending that it should be relied upon as correct. All information will be kept confidential.

Firm Name \_\_\_\_\_

Name of Parent Co. if subsidiary \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Fax Number \_\_\_\_\_

Shipping Address if different \_\_\_\_\_

Type of Business \_\_\_\_\_

Corporation \_\_\_\_\_ State Incorporated \_\_\_\_\_ Date Inc. \_\_\_\_\_  
(yes/no) (yes/no)

Email Address: REQUIRED: monthly statement will be sent here \_\_\_\_\_

Corporate Officers: President \_\_\_\_\_  
Vice President \_\_\_\_\_  
Secretary \_\_\_\_\_  
Treasurer \_\_\_\_\_

If Partnership:

List of Partners

Share of ownership

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When was Business started \_\_\_\_\_

How Long at Present location \_\_\_\_\_

How many employees \_\_\_\_\_

References: Please list only those firms that you have an open account with:

Name \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Address \_\_\_\_\_ Yearly Volume \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Contact \_\_\_\_\_

Name \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Address \_\_\_\_\_ Yearly Volume \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Contact \_\_\_\_\_

Name \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Address \_\_\_\_\_ Yearly Volume \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Contact \_\_\_\_\_

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Banking: Name \_\_\_\_\_ Branch \_\_\_\_\_  
Address \_\_\_\_\_ Tel # \_\_\_\_\_

Any Special Person Handling Your Account at the Bank Now:  
Name \_\_\_\_\_

Credit Line Desired \$ \_\_\_\_\_

Sales: Taxable \_\_\_\_\_ For Resale: \_\_\_\_\_  
(Yes/No) (Tax Number)

(A Certificate of Tax Exemption Will Be Required)

Do you use Purchase Orders? \_\_\_\_\_

Name of Authorized Purchases:

1. \_\_\_\_\_ Position \_\_\_\_\_
2. \_\_\_\_\_ Position \_\_\_\_\_
3. \_\_\_\_\_ Position \_\_\_\_\_

**It is understood that the buyer, agrees to pay for purchases within the time frame as set forth by Akrit. Current policy states that all purchases will be paid for by the 10th of the month following date of purchase.**

**The buyer also agrees that in the event of nonpayment, that it will pay the highest legal rate of interest allowed on all past due balances.**

**In the event on non-payment and collection is required, the buyer agrees that it will pay for all costs and expenses incurred in collecting any and all unpaid indebtedness. Said costs and expenses shall include all reasonable attorney collection fees.**

**The buyer as undersigned has read and agrees to the above.**

Firm Name: \_\_\_\_\_

Signed By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Witnessed By: \_\_\_\_\_