



NEW ACCOUNT INFORMATION FORM

Date Completed: _____ Years in Business: _____

Company Name: _____

Mailing Address: _____ Zip Code: _____

Phone No.: _____ Fax No.: _____

Number of Years at above location (in Business): _____

	Name of Officers or Partners	Home Address	Title
1.			
2.			

Please check one: Individual Partnership Corporate Fed. Tax No.: _____

Type of Business: _____

Name(s) of Authorized Purchaser(s): _____

Special Instructions: _____

Desired Credit Line: \$ _____ Are you taxable? Y N Resale Tax No.: _____

Contact Person: _____ Accts Payable Supervisor: _____

References	Trade Reference 1	Trade Reference 2	Trade Reference 3
Name			
Address			
Acct. #			
Phone #			
Fax #			

Bank Name: _____ Account No.: _____

Street Address: _____ Officer: _____

City/State: _____ Zip Code: _____

References listed above are authorized to release information to **PSB Miami, Corp.** All accounts at **PSB Miami, Corp** are on terms of net 30 days. Accounts overdue signing this credit application on behalf of purchaser personally and individually guarantees the full and prompt performance of the purchase and the payment of all sums due seller; notwithstanding the amount, if any, set forth as desired credit line.

Signature of Authorized Owner/Officer Title Date

Please print Name of Authorized Owner/Officer _____