

OPEN A CORPORATE ACCOUNT

Name of Company : _____

Address : _____

Phone : _____ Fax : _____

Credit Card Type : _____

Credit Card Number : _____

Expiration : _____

Signature : _____

Print : _____

Contact Person Accts Receivable : _____

Date : _____

Please note that invoicing is issued the first of every month. There is a fifteen day term.

Please fill out form and fax to
(631) 777 - 8280