

# SOLID PRODUCTS CORP.

SOLIDBOX.COM

230 DUFFY AVE. HICKSVILLE, N.Y. 11801  
TEL.: 718-395-4035 FAX: 718-395-7042

## Customer Application

### GENERAL INFORMATION:

1. Business Name: \_\_\_\_\_
2. Doing Business As (DBA): \_\_\_\_\_
3. Street Address: \_\_\_\_\_
4. Telephone \_\_\_\_\_ 5. Fax \_\_\_\_\_
6. E-Mail Address: \_\_\_\_\_
7. Accounts Payable Contact Name: \_\_\_\_\_
8. Years in Business \_\_\_\_\_ 9. Federal Tax Number: \_\_\_\_\_
10. Type of Business:  Sole Proprietorship  Corporation  Partnership  Subsidiary
11. At Present Location Since? \_\_\_\_\_
12. Are you accredited by the Better Business Bureau?  Yes  No
13. Bank Name & Address \_\_\_\_\_
14. Account Information \_\_\_\_\_
15. Bank Contact Name and Tel. \_\_\_\_\_

### CREDIT REFERENCES: (Please provide two):

1. Company Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
How Long Have You Been Doing Business With This Company? \_\_\_\_\_
2. Company Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
How Long Have You Been Doing Business With This Company? \_\_\_\_\_

### AUTHORIZATION FOR RELEASE OF INFORMATION:

I hereby warrant that the above information is true and correct, and is furnished for the purpose of establishing a vendor relationship with Solid Products Corporation clients. I hereby agree that Solid Products Corp. may investigate my record and that, if approved, Solid Products may furnish this authorization to secure the information they need to establish a business relationship.

Name \_\_\_\_\_ Title \_\_\_\_\_