



APPLICATION FOR BUSINESS ACCOUNT

WOODY WIRE

4231 N Farm Road 79, Willard, MO 65781

Tel No. (417) 838-9291

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BUSINESS INFORMATION - MUST BE COMPLETED

Bill To:

NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ PO BOX \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ COUNTY \_\_\_\_\_

Ship To:

NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ PO BOX \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ COUNTY \_\_\_\_\_

OWNER/PRINCIPAL \_\_\_\_\_ PHONE \_\_\_\_\_

TYPE OF BUSINESS:  CORPORATION  PARTNERSHIP  PROPRIETORSHIP  INDIVIDUAL  OTHER

DESCRIPTION OF BUSINESS \_\_\_\_\_ HOW LONG IN BUSINESS? \_\_\_\_\_ YEARS

FEDERAL ID# \_\_\_\_\_ LOCAL SALES TAX CERTIFICATE# \_\_\_\_\_

DO YOU REQUIRE PURCHASE ORDER? \_\_\_\_\_

ARE YOU TAX EXEMPT? \_\_\_\_\_ (Please send a copy of your tax exemption certificate)

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TRADE REFERENCES

Please give addresses and phone numbers

TRADE REFERENCE \_\_\_\_\_

NAME \_\_\_\_\_

PHONE \_\_\_\_\_

TRADE REFERENCE \_\_\_\_\_

NAME \_\_\_\_\_

PHONE \_\_\_\_\_

DO YOU WISH WOODY WIRE TO KEEP CREDIT CARD ON FILE? \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_ EXP DATE \_\_\_\_\_ CV2 \_\_\_\_\_

NAME ON CARD \_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_