



New Account Application Form

15478 Ventura Blvd.
 Sherman Oaks, CA 91403
 tel. 818-907-0006
 fax. 818-907-0606

Please complete, sign, and return this from.

Billing Address: Complete All Fields		Shipping Address: Complete All Fields	
Company Name		Company Name	
Address: (Street #, Street, City, State, ZIP)		Address: (Street #, Street, City, State, ZIP)	
Telephone & Fax		Telephone & Fax	
Attention		Attention	
Email(s)		Email(s)	

General Information - Complete All Fields			
Principal/Owner	Social Security Number (optional)	Email Address	Phone Number(s)
Company Composition: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Sub-Chapter S-Corp		Corporation State of:	

Trade References - Complete All Fields		
Company 1	Phone	Address
Company 2	Phone	Address
Company 3 (Optional)	Phone	Address
Company 4 (Optional)	Phone	Address

Ordering Information - Complete All Fields		
Are Written Purchase Orders Required? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is Merchandise for Resale? <input type="checkbox"/> YES <input type="checkbox"/> No	Resaler Certificate/ Tax ID #
Purchasing Agent:	Email:	Telephone & Fax Numbers:
Accounts Payable Contact:	Email:	Telephone & Fax Numbers:

Bank Information - Items with an asterisk (*) are to be completed by a Bank Manager					
Bank Name	Bank Officer		Telephone & Fax		
Bank Address	City	State	Zip	Account Type & Account No.	
Date Opened*	Average Daily Balance*		Credit Rating*	NFS Checks: <input type="checkbox"/> YES* <input type="checkbox"/> NO*	
Verified by*	Title*	Date*	Bank Officer Signature*		
			If Yes, how many? Date of Last NFS?		

Acceptance and Approval - Complete all Fields			
Signing this agreement indicates your acceptance of the terms and conditions stated. In addition, you authorize BrightChoice Corp. to make any and all inquiries necessary to process this New Customer Application.			
Name of Authorized Rep:	Title	Date	Signature

Terms and Conditions
 All Accounts are COD until a credit application has been completed, reviewd, and approved. If any debt is incurred pursuant to this request for credit is not paid in full when due, the undersigned agrees to pay all costs of collection, including a reasonable attorney's fee. Any balance so remaining unpaid shall bear interest at the lesser rate of 3% per month or the maximum rate permitted by applicable law, until paid in full

Fax this form back signed along a copy of resale certificate to 818-907-0606.