

VICTOR TRADING CO LLC

19316 Goddard Ranch Ct, Morrison, CO 80465

Tel. : (909) 206-4341

New Account Application

Business Name : \_\_\_\_\_

Street Address : \_\_\_\_\_ City : \_\_\_\_\_ State: \_\_\_\_\_

Zip Code : \_\_\_\_\_ Business Phone : \_\_\_\_\_ Fax : \_\_\_\_\_

After Business Hour Phone No. : \_\_\_\_\_ E-mail address : \_\_\_\_\_

Date of Establishment : \_\_\_\_\_ State of Business : \_\_\_\_\_

Federal Tax Payer ID. : \_\_\_\_\_ Business License Number : \_\_\_\_\_

Owner Information and Bank Reference

Name : Mr./Mrs./Miss \_\_\_\_\_ Middle Name : \_\_\_\_\_ Last name : \_\_\_\_\_

Home Street Address : \_\_\_\_\_ City : \_\_\_\_\_ State: \_\_\_\_\_

Zip Code : \_\_\_\_\_ Cell Phone : \_\_\_\_\_ E-mail : \_\_\_\_\_

Social Security Number : \_\_\_\_\_ Driver License No. : \_\_\_\_\_

Bank Name: \_\_\_\_\_ Account No. : \_\_\_\_\_ Account Type : \_\_\_\_\_

Bank Address : \_\_\_\_\_ Phone : \_\_\_\_\_

Fax : \_\_\_\_\_ Contact Person : \_\_\_\_\_

Trade References

Business name

Address

Phone no.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

I/We hereby affirm that the above information is true and authorize Ta Trading LLC to verify information provided.

I/We authorize my/our trade references to release credit and financial information to Ta Trading LLC upon approval of credit, I/We agree to pay in full and in accordance with the terms of payment indicated on Ta Trading LLC invoices.

Signature : \_\_\_\_\_

Print Name : \_\_\_\_\_

Title : \_\_\_\_\_

Date : \_\_\_\_\_

## **SHIPPING INFORMATION**

Establishment Name (Name on the sign) : \_\_\_\_\_

Business Hours : \_\_\_\_\_

Delivery Hours : \_\_\_\_\_

Holiday Schedule Hours : \_\_\_\_\_

Shipping Address : \_\_\_\_\_

City : \_\_\_\_\_ State : \_\_\_\_\_ Zip Code : \_\_\_\_\_

Business Phone : \_\_\_\_\_ Fax. : \_\_\_\_\_

Contact Person : \_\_\_\_\_

Delivery Emergency Contact Person : \_\_\_\_\_

Emergency Phone Number / Cell Phone Number : \_\_\_\_\_