



A division of Erickson International LLC.

New Account Set-Up & Information Sheet

Contact Information

Company Name		Resale Tax Number	
<input type="text"/>		<input type="text"/>	
Contact Person			
<input type="text"/>			
Address 1			
<input type="text"/>			
Address 2			
<input type="text"/>			
City		State	Zip
<input type="text"/>		<input type="text"/>	<input type="text"/>
Main Phone Number	Cell Phone Number	Fax Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email Address		Web Site	
<input type="text"/>		<input type="text"/>	

Business Information

Primary Line of Business	Years
<input type="text"/>	<input type="text"/>
Secondary Line of Business	Years
<input type="text"/>	<input type="text"/>
How did you hear about us?	
<input type="text"/>	
What type of film are you currently using?	
<input type="text"/>	
Any changes you would have liked your previous suppliers to have made?	
<input type="text"/>	
The following people are authorized to place orders	
<input type="text"/>	

How will you be paying for your orders?

Select One: Please bill my CREDIT CARD. (Fill out credit card information section below)

I will pay for my orders via C.O.D. I understand all of the following: COD charges \$9.00 per package for this service. Company checks are accepted only from those who have completed a check acceptance application and who have been approved. All others must pay via certified check or money order.

Credit Card Information

Credit Card Account Number	Security Code	Expiration
<input type="text"/>	<input type="text"/>	<input type="text"/>
Credit Card Billing Address		
<input type="text"/>		
City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>
I authorize ASWF to use this card for all charges on my account		
Signature	Date	
<input checked="" type="text"/>	<input type="text"/>	