

Phone: (800) 864-8663 Fax: (818) 772-0299

APPLICATION FOR NEW ACCOUNT

		Unitone Acc	count Rep:					
		COMP	ANY INFORMATION					
Company Name:	DBA:	DBA:						
Billing Address:			Ship Address:					
City:	State:	Zip:	City:			State:	Zip:	
A/P Contact:		Ph:	Purch Contact:			Ph:		
A/P e-mail:		Fx:	Purch e-mail:			Fx:		_
Type of Business: Sole Proprietorship			Business or Service Pr	ovided: Fed	I.D. #:	<u> </u>		
Partnership				Reseller Permit #:				
Corporation	State of Incor	poration:	_	or P	or Principal SS #:			
Name of Principal(s):			Title(s):					
Account Type Requested:								
Net 30 Terms, Credit Line Desired:	\$	or	Credit Card Prepa	ay or		available for Will (Call Customers only)	
COMPLETE IF REQUESTING CREDIT CARE	ACCOUNT:							
		CREDIT	CARD INFORMATION					
Card Holder Name:			Credit Card #:					
Billing Address:			Expiration:					
City:	State:	Zip:	Security (CVV) Code	; :				
1. Your signature below authorizes UNITONE to charge billing address. You agree that if the card declines you agree to immediately inform UNITONE of any changes	will be given an that occur to the	opportunity to provide an e credit card such as cand	alternate card to charge and if y cellation, change of address, exp	ou cannot provid	e this, the order w			ard
2. Freight and pricing claims must be made within 30 d	ays of invoice da	ate. Claims must be made	in writing via e-mail or fax.					
3. I have read and agree to Unitone's current Terms ar	d Conditions		Initial Here:		Date:			1
Printed Name:		Signature:		Title	*:		Date:	
Printed Name: COMPLETE IF REQUESTING NET 30 TERMS				Title	;		Date:	
		-	DE REFERENCES	Title	»: 		Date:	
		-	DE REFERENCES Company Name:	Title	9: 		Date:	
COMPLETE IF REQUESTING NET 30 TERMS		TRA		Title	9:	Acct #:		
COMPLETE IF REQUESTING NET 30 TERMS Company Name:	S ACCOUNT:	TRA	Company Name:	Title	9: 	Acct #: State:		
COMPLETE IF REQUESTING NET 30 TERMS Company Name: Address:	S ACCOUNT:	TRA Terms:	Company Name: Address:	Title	9: 		Terms:	
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COMPLETE IF REQUESTING NET 30 TERMS Company Name: Address: City: Contact:	Acct #: State: e-mail:	TRA Terms:	Company Name: Address: City: Contact:		9: 	State: e-mail:	Terms:	
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COMPLETE IF REQUESTING NET 30 TERMS Company Name: Address: City: Contact: Ph: Company Name: Address: City: Contact: Ph: Contact: Ph: Bank Name: Branch Address: Type of Account: Your signature below personally guarantees this account a 1. NET 30 applicant agrees to abide by the followin Applicant further agrees to pay all collection costs & 2. Freight and pricing claims must be made within 3	S ACCOUNT: Acct #: State: e-mail: Fx: Acct #: State: e-mail: Fx: Checking nd authorizes the Ig terms and con & attorney fees 30 days of invoio	TRA Terms: Zip: Terms: Zip: BA Ph: g Savings release of bank and other of nditions: All invoices are if delinquent and to litig- ce date. Claims must be	Company Name: Address: City: Contact: Ph: Company Name: Address: City: Contact: Ph: Contact: Ph: Contact: Ph: NK REFERENCE Other credit ratings, date account opened e due and payable NET 30. Invate the matter in a court in the e made in writing via e-mail or formation	Fx: Accu dianal verifications voices still due a State of Califorr	ount #: of deposit including at 60 days are su nia.	State: e-mail: Fx: Acct #: State: e-mail: Fx:	Terms: Zip: Terms: Zip: and average balance.	
COMPLETE IF REQUESTING NET 30 TERMS Company Name: Address: City: Contact: Ph: Company Name: Address: City: Contact: Ph: Contact: Ph: Bank Name: Branch Address: Type of Account: Your signature below personally guarantees this account a 1. NET 30 applicant agrees to abide by the followin Applicant further agrees to pay all collection costs &	S ACCOUNT: Acct #: State: e-mail: Fx: Acct #: State: e-mail: Fx: Checking nd authorizes the g terms and coo & attorney fees 30 days of invoir s and Condition	TRA Terms: Zip: Terms: Zip: BA Ph: g Savings release of bank and other of nditions: All invoices are if delinquent and to litig- ce date. Claims must be	Company Name: Address: City: Contact: Ph: Company Name: Address: City: Contact: Ph: Contact: Ph: Contact: Ph: NK REFERENCE Other credit ratings, date account opened a due and payable NET 30. Invate the matter in a court in the	Fx: Accu dianal verifications voices still due a State of Califorr	ount #: of deposit including at 60 days are su nia. Date:	State: e-mail: Fx: Acct #: State: e-mail: Fx:	Terms: Zip: Terms: Zip: and average balance.	