

GarCo

Manufacturing Company, Inc.

A Materials Solutions Company

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NEW CUSTOMER APPLICATION

CONTACT INFORMATION

Company name:

A/P contact:

Phone:

Fax:

E-mail:

Address:

City:

State:

ZIP Code:

BUSINESS INFORMATION

Year business commenced:

Sole proprietorship: Partnership: Corporation: LLC:

TIN:

Resale/Tax Exempt: Attach certificate or other applicable documentation

CREDIT INFORMATION

Bank name:

Bank address:

Phone:

City:

State:

ZIP Code:

Type of account

Account number

Savings

Checking

Other

BUSINESS/TRADE REFERENCES

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

AGREEMENT

By submitting this application, you authorize GarCo Manufacturing, Co., Inc. to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Signature:

Title:

Printed Name:

Date: