Application for Open Account



Please complete the following application for open account Date /

Business Name							
Address (billing)	(shinning	(shipping)					
City	,			Zip			
Website Address				UPS Collect # (if applicable)			
Phone ()			Fax ()			
Number of Years in Business			Check One: Individual Corporation				
President or Owner			Primary Contact				
Accounts Payable Contact							
Phone ()	Fax (E-mail:			
Preferred method of invoicing: Fax E-mail							
Sales Contact/Order Confirmation							
Phone () Fax ()				E-mail:			
Preferred method of order confirmation: Fax E-mail, E-mail:							
Provide preferred email address for order confirmations if different than sales contact							
References: We require three (3) references							
Business Name	C	Contact:					
Address	Т_	T					
City	State	Zip		Ph.		Email	
Business Name Contact:							
Address	Τα	T					
City	State	Zip		Ph.		Email	
Business Name Contact:							
Address	T a	1	1_				
City	State Zip		P	Ph.		Email	
Bank Information:							
Bank Name							
Address							
City State			Zip		Zip		
Ph.	Fax			Offic		cer	
Tax Information							
Sales tax exemption number							
Please fax a copy of your certificate of exemption to (763)-398-2590 or scan and email to							
sales@polyconn.com							



We require <u>all</u> first orders be paid for by credit card or prepaid via check. Once we receive positive credit information from your references, your next order will be entered in your open account with us.

Please note that if you choose to send a check to pre-pay your first order, out of stock products will not be ordered until payment is received.

Please remit payments to:

Polyconn 3062 Ranchview Lane North Plymouth, MN 55447

Our contact information is as follows:

Phone: 763-559-0388 Fax: 763-398-2590

Customer Service/Sales – sales@polyconn.com