



11183 Woodward Lane
Cincinnati, OH 45241
(O) (513) 772-6464
(F) (513) 772-4650

NEW ACCOUNT APPLICATION

Company Name: _____ Phone #: _____
Address: _____ Fax #: _____
City: _____ State: _____ Zip Code: _____

Please Circle One: Proprietor Partnership Corporation

Federal Tax ID #: _____ Nature of Business: _____

Year Established: _____

If Incorporated, State in Which Incorporated: _____ Date of Incorporation: _____

Are you a subsidiary of a Parent Company? **YES NO**

(If yes, state name of Parent Company and attach Appendix ("A")

Parent Company Information to this Application (If Applicable): _____

Principal Owner(s) or Stockholder(s):

Name	SS#	Home Address	Title/Position
_____	_____	_____	_____
_____	_____	_____	_____

Has the Firm or any Principle Owner, Stockholder, or Officer ever been the subject of any voluntary or involuntary petition under:

- Provision of State or Federal Insolvency Law
(whether for Bankruptcy, Reorganization, Arrangement Composition)
Application for Appointment of a Receiver, or Assignment for the Benefit of Creditors? **YES NO**

Has any Litigation been instituted or threatened against the Firm? **YES NO**

Is the Firm a Guarantor or Endorser of any Debts or Liabilities? **YES NO**

Are any of your Assets Pledged as Collateral? **YES NO (If YES, please explain below)**

NOTE>

***You may provide us with a vital statistics sheet in lieu of filling out the information requested below.**

***Bank References:**

Name of Bank: _____
Address: _____
City, State, Zip Code: _____
Fax #: _____ Contact Person E-Mail: _____
Bank Account #: _____

***Trade References:**

- Please include only those vendors from whom you presently buy on open account:

Name: _____
Address: _____
City, State, Zip Code: _____
Phone #: _____ Fax #: _____ Contact E-Mail: _____

Name: _____
Address: _____
City, State, Zip Code: _____
Phone #: _____ Fax #: _____ Contact E-Mail: _____

Name: _____
Address: _____
City, State, Zip Code: _____
Phone #: _____ Fax #: _____ Contact E-Mail: _____

Please sign here to allow us to contact the bank(s) and trade references, as they may not release this information without your express authorization in writing:

(Signature) (Date)

(Print Name) (Title)

NEW ACCOUNT SET-UP INFORMATION:

BILL TO/SHIP TO:

Customer Name: _____
Street Address: _____
City: _____ County: _____ State: _____ Zip: _____
Contact Name: _____ Contact Email: _____
Phone #: _____ Fax #: _____

***Abco Safety typically emails all invoices. Please provide the following information to allow us to email your invoices:**

Accounts Payable Contact Name: _____
Accounts Payable E-mail: _____
Accounts Payable Phone #: _____ Ext #: _____
Accounting Fax #: _____

Are you Exempt from Sales Tax? **YES** **NO** (If **YES**, please forward Exemption Certificate)