



When complete please return to:
Sam Reichardt
sreichardt@sopakco.com
or fax: 843-464-6990

NEW ACCOUNT APPLICATION

COMPANY NAME: _____

DBA: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE: _____ FAX: _____

E-MAIL: _____ WEBSITE: _____

CIRCLE ONE: CORPORATION PARTNERSHIP PROPRIETORSHIP GOVERNMENT OTHER: _____

A copy of your retail license and/or tax exempt certificate must accompany this form if applicable.

PRINCIPALS:		
NAME	TITLE	YEARS WITH COMPANY

ACCOUNTS PAYABLE CONTACT PERSON: _____

PHONE NUMBER IF DIFFERENT FROM ABOVE: _____

TRADE REFERENCES:		
NAME	PHONE	FAX

BANK: _____ FAX: _____

ACCOUNT NUMBERS: _____

BANK CONTACT: _____ PHONE: _____

The preceding information is for the purpose of obtaining credit and is warranted to be true. I hereby authorize you to investigate all references and customary credit information sources including consumer credit reporting repositories regarding my credit and financial responsibility for the purpose of obtaining credit and for periodic review for the purpose of maintaining the credit relationship. In the event of default, and if this account is turned over to an agency or an attorney for collection, the undersigned agrees to pay all reasonable attorney fees and costs of collection whether or not suit is filed.
I certify that this request is for the extension of credit for business purposes only and not for the extension of credit for personal purposes.

AUTHORIZED SIGNATURE: _____

PRINT NAME: _____

TITLE: _____ DATE: _____