## **Business Information Update**



Trade Name/DBA:			Credit Line Requested:
BILLING ADDRESS			
Street:			PO Box:
City:		State:	PO Box: Zip:
AP Contact:	Title:		Phone:
SHIPPING INFORMATION	(If more than one ship	o-to addr	ess, please attach additional pages with information
Street:			Is this a residential address? ☐ Yes ☐ No
City:			State: County: Zip: Phone:
Purchasing Contact:		Title: _	Phone:
Email:			
EGAL STATUS: ☐ Proprietorship	☐ Partnership ☐ Corp	-	- State of Incorporation
EGAL STATUS: ☐ Proprietorship ther ☐ <i>Please describe</i> Fate Business Began: F	☐ Partnership ☐ Corp		
ther  Please describe- Pate Business Began:  For you require Purchase Orders for a privers Lic #:	□ Partnership □ Corp Federal I.D. #: Ill orders? □ Yes □ N	No Special	DUNS#: instructions: (Please provide a copy for our records)
EGAL STATUS:  Proprietorship ther  Please describe- ate Business Began:  you require Purchase Orders for a rivers Lic #: sticide Applicator Lic #:	☐ Partnership ☐ Corporate ☐ Corporate ☐ Partnership ☐ Corporate ☐ Partners? ☐ Yes ☐ N	No Special	DUNS#: instructions: (Please provide a copy for our records) Expiration Date:
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