



## APPLICATION - CASH ACCOUNT

### GENERAL INFORMATION

Company Name: \_\_\_\_\_

Telephone # : ( ) \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Shipping Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Nature of Business: \_\_\_\_\_ Date Established: \_\_\_\_\_

Corporation: \_\_\_\_\_ Date Inc: \_\_\_\_\_ State: \_\_\_\_\_

Sales Tax Number: \_\_\_\_\_ State: \_\_\_\_\_

Federal ID Number: \_\_\_\_\_ SSN: \_\_\_\_\_

ROC Number: \_\_\_\_\_ Type: \_\_\_\_\_

Do you require a P.O.?  Yes  No

**How do you wish to have your invoices and statements delivered?**

**Emailed**  Email Address: \_\_\_\_\_ **Faxed**  Fax Number: \_\_\_\_\_

### INFORMATION ON PRINCIPLES OF BUSINESS

\_\_\_\_\_  
Name Address City State Zip

\_\_\_\_\_  
Name Address City State Zip

\_\_\_\_\_  
Name Address City State Zip

I hereby certify that the above information is true to the best of my knowledge, and grant BSI permission to investigate and solicit information regarding the above named company and/or officers or owners.

\_\_\_\_\_  
Signature Title Date / /