

COPPER STATE SUPPLY, INC.

APPLICATION FOR CREDIT

NAME:		BUSINESS PHONE	
BILL TO	(include street or PO Box, City, State and Zip Code)	SHIP TO (if different from Billing)	

CORPORATION ___
 PARTNERSHIP ___
 PROPRIETORSHIP ___
 INDIVIDUAL ___

FEDERAL ID #	PRINCIPALS with TITLES
or SSI #: _____	
D & B NO: _____	

PARENT COMPANY: _____	YEARS IN BUSINESS _____
(if applicable)	TAXABLE ___ EXEMPT ___
STREET _____	(please send certificate if exempt)
CITY _____	ST _____
	ZIP CODE _____

TRADE INFORMATION

BANK		Phone			
Street	City	State	ZIP	---	
Supplier					
Street	City	State	ZIP	---	
Supplier					
Street	City	State	ZIP	---	
Supplier					
Street	City	State	ZIP	---	

Preferred method to receive invoice:
 Email _____
 Fax (____) _____

I, _____, do hereby agree to the terms and conditions as set forth by Copper State Supply, Inc. on their website (copperstatesupplyinc.com), and do hereby affirm that the information provided herein is true and correct to the best of my knowledge, for the establishing of an account with Copper State Supply, Inc.

Authorized Signature _____
Printed Name _____
Date _____

Copper State Supply, Inc. 480-807-5430
 2942 N. Greenfield Road
 Suite 151 Facsimile:
 Mesa, Arizona 85215-2430 480-807-5492

 copperstatesupplyinc.com

