



181 Great East Neck Rd
 West Babylon, NY 11704
 Phone: (631)-378-8530
 Email: info@fivestarsupply.com

NEW ACCOUNT APPLICATION

COMPANY BILLING

| | | |
|--|--|---|
| Company Name | | Type of Business: <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Franchise <input type="checkbox"/> Other _____ |
| Contact Name | | |
| Email Address | | |
| Phone Number | | |
| Fax Number | | |
| Registered Company Address, City, State, ZIP | | Nature of Business: <input type="checkbox"/> Wholesale <input type="checkbox"/> Pharmacy <input type="checkbox"/> Retail <input type="checkbox"/> Chain <input type="checkbox"/> Online Retailer <input type="checkbox"/> Supermarket <input type="checkbox"/> Other _____ |
| Years in Business? | | |
| Years at Present Location? | | |
| Federal Tax-ID | | |

COMPANY SHIPPING

| | | | |
|---|--|------------------------|--|
| Facility/ Company Name | | Receiving Name | |
| Receiving Company Address, City, State, ZIP | | Primary Phone Number | |
| | | Secondary Phone Number | |
| Email Address | | Fax | |

OWNERS/ PRINCIPALS/ ACCOUNTS PAYABLE IN COMPANY

| Full Name | Title | Phone | Email |
|-----------|-------|-------|-------|
| | | | |
| | | | |
| | | | |

SIGNATURES

| | | | |
|----------------|--|----------------|--|
| Signature | | Signature | |
| Name and Title | | Name and Title | |
| Date | | Date | |

You **MUST** attach your re-sale certificate with this new accounts application
****If you do not attach your re-sale certificate, your account will not be processed****