

Clean Blast Services/ATR

Corporate Information				
Legal name:		Business Name (if diff):		
Primary Contact:		Title:		
Telephone:		Fax:	Email:	
Physical Address:				
Billing Address:				
Sole Proprietorship: <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other <input type="checkbox"/>				
Date Business Started:		State:	Tax ID:	
Principal Owners or Officers				
Name	Title	Phone	Email	SS#
1				
2				
3				
Purchasing Information				
PO# Required: YES or NO		Sale Tax Exemption: YES or NO		(Attach form)
A/P Contact:		Telephone:	Email:	
Banking Information				
Bank name:				
Bank address:				
Telephone:		Fax:		
Contact name:		Email:		
Type of account		Account number		
Trade References				
Company name:			Email:	
Address:				
Telephone:		Fax:		
Company name:			Email:	
Address:				
Telephone:		Fax:		
Company name:			Email:	
Address:				
Telephone:		Fax:		
AGREEMENT				
1 All invoices are to be paid 30 days from the date of the invoice				
2 claims arising from invoice must be made within seven working days				
3 By submitting this application, you authorize Clean Blast Services, Inc./ ATR to make inquires into the banking and trade/business references that you have supplies				
SIGNATURE				
Signature:		Title:		Date: