



Date _____ 20 _____

Fill me out electronically!!! Click on any line to insert data into the form, then print out and sign once finished.

All Customer Applications must be signed to be processed.

Residential / Commercial Customer Information Form

MUST BE COMPLETED AND PLEASE PRINT.

Name of Firm _____ Legal Name _____

Address _____ Federal ID # _____

City _____ State _____ Zip _____ County _____ Parish _____

Phone _____ Fax _____ Cell Phone _____ Tax% _____

E-mail Address _____

General Contractor License # _____ Tax Exempt ID# _____

Project Type Residential Commercial

Project Description _____

Shipping/Delivery Address (if different from above) _____

City _____ State _____ Zip _____ Phone _____

By (Authorized Signature) _____

Title _____ Date _____

LEGAL ENTITY

Corporation Proprietorship Partnership Division/Subsidiary/Affiliate

PRINCIPALS Name _____ Title _____

OR OFFICERS Name _____ Title _____

(use back if necessary) Name _____ Title _____

Type of Business _____ Years in Business _____

Have you ever been involved in bankruptcy? _____ *If yes, explain* _____

Bank Name _____ Branch _____

Contact Name _____ Phone _____ Fax _____

Address _____ City _____ State _____ Zip _____

Checking Account No. _____ Re _____

Gentlemen:

I/we hereby authorize you to furnish Structall Building Systems, Inc. with the information requested below so that I/we may be granted check writing privileges:

Customer Signature

INFORMATION BELOW TO BE COMPLETED BY BANK

Date Account Opened: _____ Number of NSF checks in last 90 days: _____

Signature and Title of Bank Officer

Date