

A1 TRADING ACCOUNT APPLICATION

A1 Trading 5745 Buford HWY NE #101 Doraville, GA 30340 tel: 770-451-7102 FAX: 770-451-7102

Business Name _____ Organization Type:
Delivery Address _____ Postal Address _____ ☐ Sole Proprietor
City _____ State _____ Zip _____ ☐ Partnership
Phone: (____) _____ Fax: (____) _____ ☐ Corp (State) _____
Owner/Principal Officer(s): _____

Home Address _____ EIN _____
City _____ State _____ Zip _____ Phone No. _____

Number of employees _____ Year Started _____

Do you use purchase orders? ☐ Yes ☐ No

Business Location: ☐ Home ☐ Commercial Building

If renting, list landowner below:

Name _____ Phone _____

Bank _____ Account # _____

Address _____

City _____ State _____ Zip _____ Phone No. _____

Monthly Book Sales:

- ☐ 0 to \$ 500
☐ \$ 501 to \$1000
☐ \$1001 to \$2500
☐ \$2501 to \$5000
☐ \$5000 — Up

Account Type:

- ☐ Checking
☐ Savings
☐ Other

TRADE REFERENCES (Required for prepaid as well as open accounts)

1. Name _____ Type of Business _____

Address _____ City _____ State _____ Zip _____

Phone _____ Payment Terms _____

2. Name _____ Type of Business _____

Address _____ City _____ State _____ Zip _____

Phone _____ Payment Terms _____

3. Name _____ Type of Business _____

Address _____ City _____ State _____ Zip _____

Phone _____ Payment Terms _____

Check One: ☐ Wholesale/Prepaid (minimum purchases \$100.00 per business quarter)

☐ Wholesale/Open Account (average purchases \$100.00 per business month - Net 30)

I certify that all the information on this form is correct and agree for anyone to release credit information.
We fully understand your credit terms and agree to the proper payment in consideration of extended credit.

Signed _____ Date _____