

New Account Application

PAYMENT TYPE: <input type="checkbox"/> Credit Card <input type="checkbox"/> COD <input type="checkbox"/> Net Terms (Must complete attached application)	
LEGAL BUSINESS NAME:	
TRADING AS (dba) / OTHER NAMES USE BY BUSINESS:	
ORGANIZATION FORM:	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation - State <input type="checkbox"/> LLC
STORE TYPE:	<input type="checkbox"/> Boutique <input type="checkbox"/> Chain <input type="checkbox"/> Internet <input type="checkbox"/> Seasonal <input type="checkbox"/> Others _____
BILLING ADDRESS:	
PHONE:	FAX:
SHIP TO ADDRESS: (Attach separate sheet for multiple ship to locations)	
PHONE:	FAX:
WEBSITE:	
PRINCIPAL CONTACT NAME:	
PRINCIPAL CONTACT NAME:	CONTACT TITLE:
CONTACT PHONE:	CONTACT EMAIL:
A/P CONTACT:	A/P EMAIL:

I state that all information forth mentioned is true, and I herely authorize Golyta International to use these information for credit check and verification purposes.

Signature: _____

Print Name: _____

Company: _____

Date: _____

Job Title: _____