



Please print, complete, & fax this New Account Information Form to 815.963.0884

Company Name:	Address:	
City:	State:	Zip:
Phone:	Fax:	

How Long in Business:	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation
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Name of President or Owners \_\_\_\_\_

Social Security # \_\_\_\_\_

FEIN # \_\_\_\_\_ Sales Tax Exemption # \_\_\_\_\_

**Name of 3 companies you currently do business with:**

1.

Company Name:	Address:	
City:	State:	Zip:
Phone:	Fax:	

2.

Company Name:	Address:	
City:	State:	Zip:
Phone:	Fax:	

3.

Company Name:	Address:	
City:	State:	Zip:
Phone:	Fax:	

My signature below authorizes you to inquire myself & my business dealings.

If approved we agree to pay you according to your present terms and understand that you reserve the right to change these terms at any time. We agree to payment of all cost and fees incurred by Autotech Marketing, including attorney fees, should default in payment necessitate third party collection or litigation.

Printed Name & Title:	
Signature:	Date: