



# Application for New Account

Company Name:

Phone Number:

Mailing Address

ADDRESS

CITY

STATE

COUNTRY

ZIP CODE

Shipping Address (if different from above):

ADDRESS

CITY

STATE

COUNTRY

ZIP CODE

Type of Business

Corporation

Partnership

Solo Proprietor

S. Corporation

LLC

Federal ID No.:

SSN# (If Sole Proprietorship):

Years in Business:

If business is located in California, please provide a copy of CA Resales Certificate.

## CONTACT PERSONS

Purchasing

E-mail

Phone No.

Accounts Payable

E-mail

Phone No.

Fax No.

I CERTIFY THAT ALL INFORMATION CONTAINED HEREIN IS ACCURATE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE

TITLE

DATE

Please return by fax to: (909) 447-2305 or email to: [info@draco.com](mailto:info@draco.com)