

STRATTON CAMERA

New Account Application

Company Name: _____

Address: _____

City _____ State _____ Zip _____ Phone: _____

Type Of Business

Corporation Partnership Sole Proprietor Year Est. _____

Federal Tax ID: _____

Officers of Corporation

Name _____ Name _____

Title _____ Title _____

Trade References (Give only names of those you buy from on an open account)

Name _____ Name _____

Phone _____ Phone _____

Fax _____ Fax _____

Name _____ Name _____

Phone _____ Phone _____

Fax _____ Fax _____

Bank References

Name _____

Address _____

Phone _____ Contact _____

Account Numbers: Checking _____ Savings _____

State of Michigan Sales Tax License Number (If applicable) _____

The Tax Exemption Certificate is for the following purpose:

Resale Non-profit organization Industrial processing

Signature _____

Title _____ Phone _____