A picture containing drawing

Description automatically generated

| Bill To: | Name: |  |  | |  |
| --- | --- | --- | --- | --- | --- |
|  | Address: |  |  | |  |
|  | City: | State: |  | | Zip: |
|  | Phone: | Fax: |  | |  |
|  | AP Contact: | AP Email Address: | |  |  |

| Type of Business: | Partnership | Cooperation | Proprietorship |  |
| --- | --- | --- | --- | --- |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Ship To: | Name: |  |  |  |
|  | Address: |  |  |  |
|  | City: | State: |  | Zip: |
|  | Phone # | Fax: |  |  |

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| --- | --- | --- | --- |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Date Started: | President / Owner: | |  | |  | |
|  | Dun & Bradstreet # | Tax Exempt # | |  | |  | |
|  | Bank Information: | Bank Name: | |  | |  | |
|  | Account # | Bank Officer: | |  | |  | |
| City: | | State: | Zip: | |  | |

Trade References:

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  |  |  |
| Address: |  |  |  |
| City: | State: |  | Zip: |
| Phone # | Fax: |  |  |

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| --- | --- | --- | --- |
| Name: |  |  |  |
| Address: |  |  |  |
| City: |  |  |  |
| Phone # | Fax: |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  |  |  |
| Address: |  |  |  |
| City: |  |  |  |
| Phone # | Fax: |  |  |

I declare that all information contained in this application is correct and is furnished for the purpose of obtaining credit and becoming a distributing partner with Guardian Worldwide LLC. I understand that Guardian Worldwide LLC. payment terms are NET 30. I agree to pay for any and all collection fees if I become delinquent. I hereby authorize Guardian Worldwide LLC. to contact the references listed above. Rev.C

Note: We prefer ACH payments. Please check this box if your firm is setup for ACH  **Please submit the attached form or your prefilled packet along with a copy of your W9 and Sales tax-exempt certificates.**