

| 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: |  |  |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  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: |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 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.**