

::: Application For New Account For Credit Card Customers Only :::

Date: _____

Company Name: _____

Federal Tax ID#(or SSN if a D/B/A): _____

Sales Tax ID# & State: _____

Is the Business a Corporation, Partnership, or Solo Proprietorship? _____

Telephone: () - Fax: () -

Billing Address: _____ City _____ State _____ Zip _____

Shipping Address(if different): _____ City _____ State _____ Zip _____

☐ Commercial Address ☐ Residential Address

E-mail address: _____

Accounting Contact : _____ Title: _____

Purchasing Contact : _____ Title: _____

Any Member of PPAI, ASI or etc.?(Please include membership #)

Owner's Name: _____

Driver's License# & State: _____

Owner's Home Address: _____ City _____ State _____ Zip _____

Owner's Home Phone#: () - Number of years in business: _____

How did you hear about BAW Enterprises? _____

Method of Payment : ☐ VISA ☐ Master Card

Card No. _____ Exp. / CID _____

Name of Cardholder: _____

I authorize BAW to automatically charge all invoices to my credit card account named above.

Signature: _____ Date: /

Do you need BAW catalogs? ☐ Yes. How many? _____ No, thanks.

Please return at your earliest convenient time. Thank for your business with BAW.

Please FAX reply this application along with a copy of TAX ID
(Resale Certificate, Federal or State) to 1-877-650-8074



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