



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, ETA, EAGL, 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. /

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**