



300 Tampa Bay Way
Palmetto, FL 34221

Fax to: 941-729-1463

Ph. # 941-722-6621

NEW CUSTOMER APPLICATION

www.portmanatee.com

Section A - Instructions:

Please fill out the information below and e-mail to denise@portmanatee.com or fax to 941-729-1463

Section B - Applicant Information:

BILL TO:

LEGAL NAME and DBA (if applicable): _____

STREET: _____

CITY, STATE, ZIP: _____

PHONE #: _____

FAX #: _____

SHIP TO: (if more than one attach sheet with additional locations)

SITE NAME: _____

STREET: _____

CITY, STATE, ZIP: _____

COMPANY'S INTERNET ADDRESS(ES): _____

A/P MGR OR A/P CONTACT NAME: _____ PHONE NUMBER & EXTENSION: _____ EMAIL ADDRESS: _____

SALES TAX #: (must attach signed certificate) _____

Section C - Business Information: (Check all that apply)

CORPORATION: TYPE "S" TYPE "C" WHOLLY OWNED? YES NO & SUBSIDIARY OF _____ CITY _____
 PARTNERSHIP PROPRIETORSHIP OTHER: (please specify) _____

TYPE OF BUSINESS OR SIC CODE: _____

DUN & BRADSTREET DUNS #: _____

NUMBER OF EMPLOYEES: _____

YEAR STARTED IN BUSINESS: _____

FEDERAL ID#: _____

Section D - Bank and Trade Reference Information:

BANK NAME: _____ CITY & STATE: _____ PHONE #: _____ FAX #: _____ ACCOUNT NUMBER(S): _____ OFFICER'S NAME: _____

TRADE REFERENCE NAME: _____ PHONE #: _____ FAX #: _____ CONTACT NAME: _____ ACCOUNT NUMBER(S): _____

TRADE REFERENCE NAME: _____ PHONE #: _____ FAX #: _____ CONTACT NAME: _____ ACCOUNT NUMBER(S): _____

TRADE REFERENCE NAME: _____ PHONE #: _____ FAX #: _____ CONTACT NAME: _____ ACCOUNT NUMBER(S): _____

APPLICANT SIGNATURE

MUST BE SIGNED IN ORDER TO CONSIDER OPEN ACCOUNT TERMS

Section E

AUTHORIZED SIGNATURE: _____ PRINTED NAME: _____

TITLE: _____ DATE: _____