



unleash us on your next project

new account form

3860 Via Del Rey
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Return Completed Documents to:

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FAX 888-392-5794

This is a fillable form, click on the required field to type information.

Today's Date	Are PO's Required on your Orders?
Exact Name of Company	<input type="checkbox"/> YES <input type="checkbox"/> NO
Trade Name (DBA)	
Dun & Bradstreet #	Accounts Payable Contact Name
Federal Tax ID Number	Accounts Payable Phone Number
Mailing Address Line 1	Accounts Payable Fax Number
Mailing Address Line 2	Email Address Where Notifications are to be Sent
City	
State	Email Address Where Invoices are to be Sent
Zip Code	
Ship To Address Line 1	Year your Company was Established
(if different than above)	Number of Employees
Ship To Address Line 2	
City	Please provide the following information on the
State	principles of the company
Zip Code	Name
Daytime Phone Number	Title
Fax Number	Date of Birth
Company Website Address	Home Address
Authorized Purchasing Agent #1	City, State, Zip
Authorized Purchasing Agent #2	Home Phone Number



unleash us on your next project

What is your principal line of business?

- | | | |
|--|---|---|
| <input type="checkbox"/> Computers / IT | <input type="checkbox"/> Security Equipment | <input type="checkbox"/> Audio / Video |
| <input type="checkbox"/> Business Machines | <input type="checkbox"/> Software | <input type="checkbox"/> Hardware Store |
| <input type="checkbox"/> Office Products | <input type="checkbox"/> Internet Reseller | <input type="checkbox"/> Other (please specify) |

What is the formation of your company?

- | | | |
|--------------------------------------|---|------------------------------|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> LLC |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Other (please specify) | |

How did you hear about us?

- | | | |
|---|----------------------------------|----------------------------------|
| <input type="checkbox"/> Referral | <input type="checkbox"/> Catalog | <input type="checkbox"/> Website |
| <input type="checkbox"/> Trade Show | <input type="checkbox"/> Flyer | |
| <input type="checkbox"/> Other (please specify) | | |

What markets do you serve?

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Medical | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Assistive |
| <input type="checkbox"/> Business | <input type="checkbox"/> Government |
| <input type="checkbox"/> Consumer | <input type="checkbox"/> Other (please specify) |



credit terms application

Company Name

BUSINESS REFERENCES THAT EXTEND YOU CREDIT - Please give complete names and addresses of trade references. Please do not submit credit card companies. They will not confirm.

Vendor Name	Vendor Name
Address	Address
Account #	Account #
Contact Name	Contact Name
Phone #	Phone #
Fax #	Fax #
Email	Email

Vendor Name	Vendor Name
Address	Address
Account #	Account #
Contact Name	Contact Name
Phone #	Phone #
Fax #	Fax #
Email	Email

Checking Account #	Loan Account #
Bank Name	Bank Name
Bank Address	Bank Address
Account #	Account #
Phone #	Phone #
Fax #	Fax #
Contact Name	Contact Name
Authorized Signer	
Authorized Signer	

SIGNATURE REQUIRED

I certify that the above information is true and I authorize LW Marketing to contact any named source to verify any data. I am aware that LW Marketing will rely upon this information in extending credit to me. The above information may be used in collection of debt. I agree that the laws of the State of Florida shall apply to all issues arising between parties and shall be the exclusive jurisdiction as to all disputes. My account privileges may be canceled or altered by LW Marketing at any time. I agree to LW Marketing terms and conditions of sale as posted on their web site. In the event of a default I will be responsible for payment of the principle balance plus interest and all costs incurred in the collection of my debt.

Signature of Officer, Principal or Owner

Title

Printed Name

Date



credit terms application

Company Name

OPTIONAL: Please complete and sign at your own discretion

In the event my account goes out of terms, LW Marketing has my authorization to apply outstanding charges to any credit card on file I have used to transact business with LW Marketing. The primary card is listed below:

VISA or MASTERCARD Account Information

Account #

Expiration Date

Name on Credit Card (cardholder)

CV2 (security code on card)

Billing Address for Credit Card

Address Line 2

Address Line 3

Signature of Cardholder

Date

OPTIONAL: Please complete and sign at your own discretion

I hereby personally and unconditionally guaranty the payment of any and all amounts due from this applicant to LW Marketing. No modifications or extensions of credit to applicant shall affect my guaranty, and I waive any notice of any such change in credit terms and of any default. I agree to all of the above terms and conditions agreed to by the applicant as part of my guaranty and incorporate them herein.

Signature of Guarantor

Social Security Number

Printed Name

Date