

### BUSINESS CONTACT INFORMATION

Title	Date business started	
Company name	<input type="checkbox"/> Sole Proprietorship	
Phone	<input type="checkbox"/> Partnership	
Fax	<input type="checkbox"/> Corporation	
Email	<input type="checkbox"/> Other	
Registered company address <i>City, State ZIP Code</i>	Length at Registered Address	

### BUSINESS/CREDIT INFORMATION

Bank Name		Bank Name	
Phone		Phone	
Fax		Fax	
Email		Email	
Account #		Account #	
Type of Account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other	Type of Account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other

### TRADE REFERENCES

Company name		Phone	
Address		Fax	
City, State Zip		Email	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, State Zip		Email	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, State Zip		Email	
Type of account		Other	

### AGREEMENT/TERMS

All invoices/purchase orders are to be paid in full 30 days from purchase date. By submitting this application you authorize Fairway Supply, Inc. to make inquiries into the banking and business/trade references supplied.

### SIGNATURES

Signature		Signature	
Name   Title		Name   Title	
Date		Date	