



FAX: 734-459-4139
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WEB: EJOISTDISTRIBUTION.COM

ACCOUNT APPLICATION

Company Information

Company Name	Trade Name
Street	City, State, Zip
County	
Phone	Fax
Email	FEIN
Sales Tax Exemption Number	Business License

Owners Information (Include Other Owners on Separate Sheet)

Owner Print Name	Owner Signature
Social Security	Phone
Owner Print Name	Owner Signature
Social Security	Phone
Approved Buyer Print Name	Approved Buyer Signature

Credit Card Authorization

The Company, _____ allows eJoist Distribution to charge the credit card when they have a balance.

<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> American Express	Full Name on Card
Credit Card Number	

Billing Address	Card Expiration	Security Code
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