



P.O. BOX 230122
BROOKLYN , NY 11223

NEW ACCOUNT
 UPDATE EXISTING ACCOUNT

REQUESTED CREDIT AMOUNT _____

Fax: 718-301-1227 / 646-292-5120

To ensure no delays in orders Submit a copy of Your RESALE CERTIFICATE
Attach Your Latest Financial Statements if requesting Credit (FAX TO CREDIT DEPT 718-301-1227)

CORPORATE INFO

Bill to:		Ship to:	
Corp name:		Trade Name:	
Address:		Address:	
City:		City:	
State/Zip		State/Zip	
Tel:	Fax:	Tel:	Fax :
Corporation <input type="checkbox"/>	Partnership <input type="checkbox"/>	LLC <input type="checkbox"/>	OTHER <input type="checkbox"/>
Fed ID#:		Please indicate Business Type:	
State ID#		Pharmacy <input type="checkbox"/>	Retail <input type="checkbox"/>
Year Est.:		Religious Or <input type="checkbox"/>	Wholesaler <input type="checkbox"/>
			Broker <input type="checkbox"/>
Owner / Officer 1 :		Owner / Officer 2 :	
Title:		Title:	
Address		Address	
City/State/ Zip		City/State/ Zip	
Home Tel #:		Home Tel #:	
Social sec #		Social sec #	

Bank References

Bank name:		Contact:	
Bank address:		Phone:	Fax:
City:		State:	ZIP Code:
Type of account : CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LINE OF CREDIT <input type="checkbox"/> OTHER <input type="checkbox"/> Account # _____			

Business/trade references

Company name:			
Address:			
Phone:	Fax:	Contact:	
Type of account:		Terms:	
Company name:			
Address:			
Phone:	Fax:	Contact:	
Type of account:		Terms:	
Company name:			
Address:			
Phone:	Fax:	Contact:	
Type of account:		Terms:	

Signatures

Sign & Title		Sign & Tit	
Date:		Date	

WE WILL NOT PROCESS IF YOU DO NOT ATTACH YOUR RESALE CERTIFICATE