

Strand Import & Distributors Inc.

P. O. Box 16530 Surfside Beach, SC 29587
Phone (843) 236-8666 Fax (843) 236-8228

New Account Application Form

Corporate Name _____

Business Trade Name (Include DBA's) _____

Corporate Street Address _____

City _____ St _____ Zip _____

Phone # () _____ Fax # () _____

Billing Address _____

City _____ St _____ Zip _____

Federal Identification No. _____ D-U-N-S No. _____

Please Choose One: Corporation Partnership Sole Proprietor

State and Year in which incorporated _____ Years in Business _____

A RESALE CERTIFICATE IS REQUIRED AND A COPY MUST BE ATTACHED.

Trade Address (Shipping) _____

City _____ St _____ Zip _____

Contact Name, Title _____ Phone # () _____

Warehouse Address (If different from Trade Address) _____

City _____ St _____ Zip _____

Contact Name, Title _____ Phone # () _____

Principal Owners Name _____

Principal's Social Security No. _____

Principal's Home Address _____

City _____ St _____ Zip _____

Principal's Home Phone # () _____ Cell # () _____

Partner or Manager Name (s) _____

Phone # () _____ Cell # () _____

Authorized Buyer (s) _____

Phone # () _____ Cell # () _____

Accounts Payable Contact Name _____

Phone # () _____ Fax # () _____

Purchase Order Required: YES or NO **Vendor Number Assigned** _____

WE DO NOT SHIP C.O.D. Collect On Delivery

Preferred Payment Method: (circle one) MasterCard Visa American Express

*** Credit Card Authorization Form must be completed and attached.**

Customer No. Assigned _____