



6 Cherry Hill Drive, Danvers, MA 01923 (978) 774-7100 Phone (978) 774-7117 Fax

New Account Information (Please Return w/ 4 Trade & 1 Bank Reference) Fax numbers for Trade Refs MUST be provided.

BUSINESS INFORMATION

Full Legal Business Name	Tax Identification Number
Billing Address	Invoice Email Address:
Street Address (If different from above)	
Branch Address	
Phone No.	Fax No.
Accounts Payable Contact	Phone No. Fax No.
Principal/Partner/Officer	Title
Home Address	Phone No.
Type Of Business	

<input type="checkbox"/> Corporation
<input type="checkbox"/> Proprietorship
<input type="checkbox"/> General Partnership
<input type="checkbox"/> Limited Partnership
<input type="checkbox"/> Subsidiary or Division

Years In Business	No. of Employees
<input type="checkbox"/> Taxable	<input type="checkbox"/> Tax Exempt **

**** Please attach a copy of your resale or exempt certificate.
Sales tax will be charged when there is no information on file!**

For Your Records

It is our policy to process first time orders (or for accounts with no activity in 12 months) as C.O.D. or with a credit card. Please provide the most current contact information for your references. Email addresses preferred if available. Credit Cards Accepted: Mastercard, Visa, American Express
Remit-To Address: 6 Cherry Hill Drive, Danvers, MA 01923 **Email ACH Remittances to accountinggroup@axisne.com**
Purchase Orders: We require a copy of your authorizing purchase order.
W-9 Forms: please send your request for a copy to accountinggroup@axisne.com