



1565 Jefferson Rd Bldg 300 Sute 340 Rochester NY 14623

New Account Information (Please Return With 4 Trade and 1 Bank Reference) Fax Numbers for Trade Refs **MUST** be provided.

BUSINESS INFORMATION	Full Legal Business Name	Tax Identification Number	
	Billing Address	Email address for Invoices:	
	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
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<input type="checkbox"/> Taxable	<input type="checkbox"/> Tax Exempt *
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* 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.

Credit Cards Accepted: Mastercard, Visa, American Express

Remit-To Address: 6 Cherry Hill Drive, Danvers, MA 01923

Purchase Orders: We require a copy of your authorizing purchase order.

W-9 Forms: Provided upon request

Send Request to accountinggroup@axisne.com