

# New Account Information

Complete this form then- Print & Fax-In or Scan & E-mail

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ JBT Rating: \_\_\_\_\_ Info By: \_\_\_\_\_

Sole Ownership          Partnership          Corporation

Co. Name: \_\_\_\_\_ DBA: \_\_\_\_\_

Owner: \_\_\_\_\_ Authorized Buyers: \_\_\_\_\_

Bill-To: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Ship-To: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Ph No.: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Bank: \_\_\_\_\_ Acct. No.: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_

Check Signer's DL No.: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_ - \_\_\_\_\_

Resale Tax No.: \_\_\_\_\_ Tax ID No.: \_\_\_\_\_

*One government issued ID listed above is required for compliance with the Patriot Act. (DL No., SS No., Resale No., or Tax ID)*

If Paying By Credit Card:      *Visa*      *MasterCard*      *Amex*      *Discover*

CC No.: \_\_\_\_\_ Exp Date: \_\_\_\_/\_\_\_\_

CC Name: \_\_\_\_\_ CVV Code: \_\_\_\_\_  
Last 3 digits in the signature field for MC/V/Disc, 4-digit number on front for AmEx

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

First Order: Shipping Method: \_\_\_\_\_ Permanent Method: \_\_\_\_\_

Item No.	Quantity

Item No.	Quantity

Notes / Comments: \_\_\_\_\_