pedors247.com

Fulfilled & Billed By Burten Distribution & Ruby Leather

Fax: 800 446 3101 Tel: 800 750 6729 Email info@pedors247.com

Full Lapid NameBusiness As (DBA) Billing Address City State Zip City State Zip Company Type: Proprietorship Partnership Franchise Corporation Other: No. of Employees Annual Sales Type of Business Federal Tax ID (If Incorporated) State of Incorporation DUNS# (If known) E-Meil Address of Main Contact Email To Be Used For Online Log-in Website: 2. Owner Information Full Name (including middle initial) Title Social Security # Home Address City State Zip Phone # 3. Bank Reference Bank Name Account Number Contact Address City State Zip Phone # 4. Trade Credit References Company Name Company Name Contact Company Name Contact Address City State Zip Phone Fax# All companies must secure their account with a credit card. This card will be billed for your first order to validate the accuracy of provided information. Subsequent orders, if credit is granted, may be paid from the monthly statement or you may elect to pay via credit card as each order ships or at the end of every month. If an account falls out of terms the accuracy of provided information is processed as quickly as possible. If you do not hear from the within 3 business East All **Rod**Cof**Cof**Cof**Cof**Cof**Cof**Cof**C	1. Company Information								
Deliting Address City State Zip	Full Legal Name/Business Entity				Phone #		Fax #		
Company Type: Proprietorship Partnership Franchise Corporation Other: No. of Employees Year Business Established Annual Sales Type of Business	Doing Business As (DBA)								
L Proprietorship ⊔ Partnership □ Franchise □ Corporation □ Other: No. of Employees Federal Tax ID (If Incorporated) State of Incorporated State of Incorporation DUNS# (if known) E-Mail Address of Main Contact Email To Be Used For Online Log-in Website: 2. Owner Information Full Name (including middle initial) Title Social Security # Home Address City State Zip Phone # 4. Trade Credit Reference Bank Name Account Number Contact Address City State Zip Phone # Fax# Company Name Contact Address City State Zip Phone # Fax# Fax# Address City State Zip Phone # Fax# Address Company Name Contact Address City State Zip Phone # Fax# Address City State Zip Phone # Address City State Zip Phone # All company is must secure their account with a credit card. This card will be billed for your first order to validate the accuracy of provided information. Subsequent orders, if credit is granted, may be paid from the monthly statement or you may elect to pay via credit card as each order ships or at the end of every month. If an account falls out of terms the card on file will be charged to settle your account. By signing below you accept these terms and conditions to establish your account with net 30 day terms. We will ensure that your application is processed as quickly as possible. If you do not hear from us within 3 business days, please call 1-800-750-6729. We hereby apply for credit from pedoracy47.com (and affiliates Burten Distribution & Ruby Leather) and affirm financial responsibility, ability and willingness to pay invoices in accordance with published terms. The above information is warranted to be true and complete. We hereby authorize you to verify and collect information on us, including but not mithing to be a read of the Creditor. We hereby apply for credit from pedoracy47.com (and affiliates Burten Distribution & Ruby Leather) and affi	Billing Address				City	State		Zip	
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2. Owner Information Full Name (including middle initial) Full Name	Federal Tax ID (If Incorporated)	State of	Incorpora	tion		DUNS# (if known)			
Full Name (including middle initial) Title Social Security # Home Address City State Zip Phone # State 3. Bank Reference Bank Name Account Number Contact Address City State Zip Phone # 4. Trade Credit References Company Name Contact Address City State Zip Phone # Fax# Company Name Contact Address City State Zip Phone # Fax# Company Name Contact Address City State Zip Phone # Fax# 5. Credit Card Information Name on Card Card Number Expiration Date Security Code Billing Address City State City State City State City State City State State City State City State City State City State City State City State Security Code Billing Address City State City State City State Security Code Billing Address City State City State City State Security Code Billing Address City State City State City State Security Code Billing Address City State City State Security Code Billing Address City State Security Code Billing Address City State Security Code Billing Address City State City State Security Code Billing Address Security Code Billing Address City State Security Code Billing Address Security Code Billing Address City State Security Code Billing Address Security Code Billing Address Security Code Billing Address Security Code Billing	E-Mail Address of Main Contact	Email To	o Be Used	For Online	Log-in	Website:			
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