

APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Company Name:		
Address:		
City:	State:	Zip:
Phone:	Fax:	
Contact Person:		
E-mail:	Skype:	
Cell Phone:	DL #	
Whatsapp #:	BBM:	

BUSINESS / TRADE REFERENCES

Company Name:		
Address:		
City:	State:	Zip:
Phone:	Fax:	
Contact Person:		

Company Name:		
Address:		
City:	State:	Zip:
Phone:	Fax:	
Contact Person:		

AGREEMENT

1. By submitting this application, you authorize A2 TRADING CORP. to make inquiries to the business / trade references that you have supplied above.
2. Please submit a signed copy of **CURRENT RESALE TAX CERTIFICATE** and a **Photo ID** of the principal officer of the company.
3. Please email all paperwork to: sales@a2tradingcorp.com

Signature:

Print Name: _____

Date: _____

Title: _____