

BURKE SUPPLY

NEW CUSTOMER PROFILE

A Division of Imperial Bag & Paper LLC
 59 Hook Road
 Bayonne, NJ 07002
 Phone: (201) 437-7440
 Fax: (201) 437-7442



ACCOUNT MANAGER:		DATE:	
Corporate Name:			
Trade Name:		Years In Business:	
Billing Address:			
City:		State:	ZIP Code:
Phone:	Email:		
County:		Billing Attention:	
AP Attention:		AP Fax:	
AP Phone:	AP Email:		
Ship-To Address 1:			
City:		State:	ZIP Code:
County:		Email:	
Ship-To 1 Attention:		Receiving Hours:	
Phone:	Notes:		
Ship-To Address 2:			
City:		State:	ZIP Code:
County:		Email:	
Ship-To 2 Attention:		Receiving Hours:	
Phone:	Notes:		
Additional Notes:			
This Entity is a: Corporation Partnership Sole Owner			
Principal Name:			
Social Security #:		Title:	
Home Address:			
City:		State:	ZIP Code:
Phone:	Email Address:		
Fed ID/Sales Tax #:		Resale #:	
Tax Exempt #:		D&B #:	
FINANCIAL INFORMATION			
Type of Business:		Approximate Monthly Purchases (\$):	
Bank of Deposit:			
Bank Address:			
City:		State:	ZIP Code:
Bank Account #:			
Credit Card #:		Business	Personal
Credit Card Exp Date:		Card Verification #:	
Charge Card Upon Invoicing		Do Not Charge Card Until Approved	
Credit Card Authorization Signature: (For email please type name)			
Send Invoice With Delivery		Mail Invoice	Email Invoice Fax Invoice
Other Accounts On File:			
AUTHORIZATION			
I authorize Burke Supply to verify the information provided on this form.			
Signature of applicant (For email please type name)			Date