

**MYAOPEN.COM**

1580 Boggs Rd, Suite 800  
Duluth, GA 30096  
Tel: 770-381-9358  
Fax: 770-564-2875

**Sales:**

**Date:**

**ACCOUNT APPLICATION**

<b>Company Name:</b>		<b>Phone:</b>	
		<b>Fax:</b>	
		<b>E-Mail:</b>	
<b>Billing Address:</b>			
<b>Shipping Address:</b>			
<b>Type of Business:</b>	Proprietorship	Partnership	Corporation
<b>Parent or subsidiary of:</b>		<b>Date of Business Start:</b>	
<b>Number of employees:</b>		<b>Federal ID:</b>	
<b>Monthly sales Volume:</b>		<b>Reseller ID:</b>	
<b>Contact:</b>		<b>Dunn &amp; Bradstreet:</b>	

**Bank Reference**

<b>1. Bank Name:</b>	<b>Account#:</b>
<b>Contact Person:</b>	<b>Telephone:</b>
<b>Address:</b>	
<b>2. Bank Name:</b>	<b>Account#:</b>
<b>Contact Person:</b>	<b>Telephone:</b>
<b>Address:</b>	

**Trade Reference:**

<b>1. Company Name:</b>	<b>Telephone:</b>
<b>Address:</b>	<b>Contact Person:</b>
<b>2. Company Name:</b>	<b>Telephone:</b>
<b>Address:</b>	<b>Contact Person:</b>
<b>3. Company Name:</b>	<b>Telephone:</b>
<b>Address:</b>	<b>Contact Person:</b>

**BANK INFORMATION RELEASE FORM**

I hereby authorize representative of \_\_\_\_\_ (bank) to release requested information concerning our checking account(s)

\_\_\_\_\_ & \_\_\_\_\_ to MYAOPEN.COM for the

purpose of establishing a company check relationship. Company Name

\_\_\_\_\_ Address: \_\_\_\_\_ Authorized Agents

Signature: \_\_\_\_\_

**\*Please attach a copy of your valid Resale Tax Certificate, and submit Georgia Sales Tax Certificate (for Georgia Customer). \*For Net Terms Account please enclose a copy of your company's latest financial statement. Undersigned hereby agrees to personally indemnify MYAOPEN.COM for all losses which may arise from any transaction with MYAOPEN.COM.**

**Officer's Signature:**

**Date:**

**Officer's Name:**

**Officer's Title:**