



ADVANCED BUILDING SUPPLY

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New Account Application

Business Information:

Company Name: _____

Address: _____

City: _____, State: _____, Zip: _____

Tel: _____, Fax: _____, Mobile: _____

Email: _____

Website: _____

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Describe your type of business:

Wholesaler Retailer Builder Contractor Designer Other _____

Company EIN#: _____ Seller's Permit #: _____

Owner(s) Name: _____

Contact(s) Name: _____

Email(s): _____ Years in business: _____

Current Supplier(s): _____

Monthly Purchase: _____

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How did you hear about us?

Website/Internet Sales Rep: _____ Referred by: _____

Magazine/Newspaper Ad Company Sign/ Builders Shows Other: _____

Applicant Name: _____ (Print)

Applicant Signature: _____ Date: _____