

CUSTOMER TRADE APPLICATION

Company Name: _____ Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Please check: Individual _____ Partnership _____ Corporation _____

Full Name of Owner or Parent Company: _____

Type of Business: _____ Date Started: _____

BANK INFORMATION

Bank Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

TRADE REFERENCES

1. Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

2. Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

3. Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

ACCOUNTS PAYABLE INFORMATION

Contact Name: _____ Phone: _____

Contact Email: _____

Name/Title of Person Making Application (please print): _____

Signature: _____ Date: _____

<p>SETHNESS PRODUCTS COMPANY 1347 Beaver Channel Parkway, Clinton, IA 52732 clinton@sethness.com 3422 W. Touhy Avenue, Skokie, IL 60076 mail@sethness.com 1303 Rahway Avenue, Avenel, NJ 07001 avenel@sethness.com</p>	<p>Original (mm/dd/yyyy): 09/06/2017</p>	<p>Revised (mm/dd/yyyy): 05/18/2020</p>
<p>CUSTOMER TRADE APPLICATION 004/BLANK FORMS</p>		