

SETHNESS PRODUCTS COMPANY

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: _____ Phone: _____

Address: _____ Fax: _____

City: _____ State: _____ Zip: _____

2. Company Name: _____ Phone: _____

Address: _____ Fax: _____

City: _____ State: _____ Zip: _____

3. Company Name: _____ Phone: _____

Address: _____ Fax: _____

City: _____ State: _____ Zip: _____

ACCOUNTS PAYABLE INFORMATION

Contact Name: _____ Phone: _____

Contact Email: _____

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

_____ / _____

Signature: _____ Date: _____

3422 W. Touhy Avenue, Skokie, IL 60076 847-329-2080 mail@sethness.com	1303 Rahway Avenue, Avenel, NJ 07001 732-634-2161 avenel@sethness.com
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1347 Beaver Channel Parkway, Clinton, IA 52732	Original: 09/06/17	Revised: 09/07/17
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