



Hockstein's

8600 Ashwood Drive
Capitol Heights, MD 20743
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Wholesale Floorcovering since 1967

NEW ACCOUNT APPLICATION

Bus. Name: _____ Date: _____

Trading As: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____ Fax: _____

Company E-Mail: _____

Corporation() Partnership() Sole Proprietor()

Tax Resale Number: _____
(Please attach a current copy of your state Tax Resale Certificate)

Principle, Owner, or Partners

Name: _____ Name: _____

Home Addr: _____ Home Addr: _____

City, State, Zip: _____ City, State, Zip: _____

Cell Phone: _____ Cell Phone: _____

E-Mail: _____ E-Mail: _____



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SECTION 4

Persons Authorized to purchase: _____

Manager: _____ Bookkeeper: _____

Is your building/store: () Rented () Leased () Owned No. of years at this location: _____

Main line of business: _____ No. of years in this business: _____

Bank: _____ Acct #: _____

Branch Address: _____

Tax Resale #: _____

We must have a copy of your current tax resale license on file, or sales tax will be charged on all orders.

SECTION 5

TRADE REFERENCES (Please supply complete address—no credit card, utility, or Home Depot/Lowes)

<u>Name</u>	<u>Address</u>	<u>Acct #</u>
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____
6) _____	_____	_____
7) _____	_____	_____