



Account Application

Company Name: _____

Corporate Name: _____

Main address: _____

Sole Propreitor Partnership Incorporated

Hours of operation:

Mon ____ Tue ____ Wed ____ Thu ____ Fri ____ Sat ____ Sun ____

Type of business: _____ Est. Monthly Purchases: _____

of hoists: ____ # of technicians: ____ # of bays ____ Main Vehicle business: _____

How did you hear about us?: _____

Main contact name: _____

Phone: _____ Email: _____

Fax: _____ Website: _____

Accounting contact name: _____

Phone: _____ Email: _____

Fax: _____ Other: _____

Sales contact name: _____

Phone: _____ Email: _____

Fax: _____ Other: _____

Authorized Agent: _____ Signature: _____