



# TRADE CONTRACTOR CASH ACCOUNT

118 Gando Drive • New Haven, CT 06513  
P.O. Box 9494 • New Haven, CT 06534  
(P) 203-772-2240 (F) 203-865-7827

Date: \_\_\_\_\_

Salesman Referred By: \_\_\_\_\_

## COMPANY INFORMATION

Full Legal Name:		Date Business Opened:	
Company Name (DBA):		Number of Years in Business Under Current Management:	
Billing Address:		If your business has been in operation for less than one year, please list prior experience:	
Shipping Address:		Has this company operated under another name? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Have the current owners owned another company? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		If you checked yes to either question above, please list these companies:	
Phone:	Cell:		
Fax:			
Website:			

## BUSINESS INFORMATION

<b>Business is:</b> <b>(Check one.)</b> <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other	<b>Are purchase orders required?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Please list the name(s) and trade license info for the person(s) authorized to make purchases on this account:</b>	
	<b>Are your purchases tax exempt?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please attach a copy of your completed tax exemption certificate.)		
	<b>Type of business:</b> <b>(Check all that apply.)</b> <input type="checkbox"/> HVAC service <input type="checkbox"/> HVAC installation <input type="checkbox"/> Refrigeration <input type="checkbox"/> Retailer <input type="checkbox"/> Wholesaler <input type="checkbox"/> Manufacturer <input type="checkbox"/> Other	<b>Do you have a refrigeration license?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please attach a copy of your refrigeration license.)	
<b>Interested in learning more about our training classes or other opportunities?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Types of materials you are interested in purchasing from The Star Supply Company:</b> <input type="checkbox"/> HVAC Residential Equipment <input type="checkbox"/> HVAC Commercial Equipment <input type="checkbox"/> HVAC Supplies <input type="checkbox"/> Refrigeration Supplies	<b>Estimated dollar value of anticipated monthly purchases from The Star Supply Company:</b> <input type="checkbox"/> \$ _____ <input type="checkbox"/> \$ _____ <input type="checkbox"/> \$ _____ <input type="checkbox"/> \$ _____	
			<b>Accounts Payable Contact:</b> Name: _____ Phone: _____ Email: _____

Completed by: \_\_\_\_\_

Title: \_\_\_\_\_