



**INVENTORY PLUS, INC.**  
 200 SALINA STREET  
 SUITE 106  
 LIVERPOOL, NEW YORK 13088  
 (315) 451-7570 FAX (315) 453-7337  
 FEDERAL I.D. No. 16-1263067

**\* APPLICATION FOR OPEN ACCOUNT \***

Your Company Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ FAX: \_\_\_\_\_  
 Person In Charge Of Account: \_\_\_\_\_  
 Tax Exempt No.: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

TYPE OF BUSINESS:      ( ) Sole Proprietor      ( ) Partnership      ( ) Corporation  
 BUSINESS ACTIVITY:    ( ) Manufacturer      ( ) Distributor      ( ) Other  
 Date Business Started: \_\_\_\_\_  
 Principal Products: \_\_\_\_\_

PRIMARY BANK (Checking): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact: \_\_\_\_\_

TRADE REFERENCES:

- Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ FAX: \_\_\_\_\_
- Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ FAX: \_\_\_\_\_
- Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Submitted By: \_\_\_\_\_ Date: \_\_\_\_\_  
 Title: \_\_\_\_\_

**This form MUST be accompanied by an appropriate Sales Tax Resale Certificate  
 or New York State Sales Tax will be charged on all orders!**