

CUSTOMER APPLICATION

E-mail: _____
CORP. PARTNERSHIP INDIVIDUAL OPENING DATE
(MARK ONE OF THE ABOVE WITH AN "X") (Mo./Day/Yr.)

License Name: _____ DBA Name: _____

Name of Business before you purchased it: _____

Contact's Name: _____ Daytime phone: _____

Physical Address: _____
Street (apt./suite#), city, state, county, zip code

Mailing Address: _____
(if different than Physical Address) Street (apt./suite#), city, state, county, zip code

Business phone _____ Fax # _____

WI Sellers Permit # _____ Federal I.D. # _____

License # _____ and Expiration Date _____

Municipality where license issued _____

Have you ever done business with Triangle Distributing (yes/no)? _____

If yes, what business name did you use? _____

Complete for Corporate Officers, Partners or Individual Proprietor

Name & Title	Name & Title
Social Security #	Social Security #
Address, City, State & Zip Code	Address, City State & Zip Code
Home Phone # () -	Home Phone # () -

WILL YOU CONTINUE EMPLOYMENT ELSEWHERE?

> _____ IF YES: EMPLOYER'S NAME: _____
(yes/no)

ADDRESS: _____

PHONE NUMBER: _____

Signature: _____ Date: _____

Business References:

(1) Name _____ Account _____
Address _____
Phone _____ Contact _____

(2) Name _____ Account _____
Address _____
Phone _____ Contact _____