



**BUSINESS ACCOUNT INFORMATION**

Date \_\_\_\_\_

Legal Business Name \_\_\_\_\_ Federal Tax ID#/S.S.# \_\_\_\_\_

Company Officer \_\_\_\_\_ Title \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Fax \_\_\_\_\_

Incorporated Since \_\_\_\_\_ Email \_\_\_\_\_

State Contractor License \_\_\_\_\_

Business Form: Individual/Sole Prop. \_\_\_\_ Partnership \_\_\_\_ Corporation \_\_\_\_ LLC. \_\_\_\_

All Partners, Shareholders or Members Names	% Ownership
_____	%
_____	%

**Banking Information**

Bank \_\_\_\_\_ Branch \_\_\_\_\_

Phone \_\_\_\_\_ Contact \_\_\_\_\_

**Trade References**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Requested Credit Amount** \$ \_\_\_\_\_

**Please return to:** PO Box 427, Wilsonville, OR 97070-0427 • Scott@specialasphalt.com • 503.201.3560