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## ACCOUNT APPLICATION FORM

Customer ID Number (assigned by FORLIFE)	Web ID (assigned by FORLIFE)	Password (assigned by FORLIFE)
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### Company Information

Company Name		Tel:	
DBA Name ( if applicable)		Fax:	
Billing Address	City	State	Zip
Shipping Address <input type="checkbox"/> Commercial <input type="checkbox"/> Residential	City	State	Zip
Purchasing Contact	E-mail:	Tel:	Fax:
Accounting Contact	E-mail:	Tel:	Fax:
Business Type <input type="checkbox"/> Retail <input type="checkbox"/> Restaurant <input type="checkbox"/> Hotel <input type="checkbox"/> Distributor <input type="checkbox"/> Website <input type="checkbox"/> Other			
Federal Tax ID	Reseller ID and State	Website	DUNS No.

### Bank Reference

Bank Name	Contact	Tel:	Fax:
Bank Address	City	State	Zip

### Credit References

Company Name	Contact	Tel:	Fax:
Company Name	Contact	Tel:	Fax:
Company Name	Contact	Tel:	Fax: