



**Buckeye Vacuum Cleaner Supply Company**

1820 South Cobb Industrial Blvd. S.E.

Smyrna, GA 30082-4908

Local: 404-351-7300 Fax: 404-351-7307

National: 800-241-3782 Fax: 888-241-3782

**COMPLETE THIS ACCOUNT APPLICATION IN ITS ENTIRETY. PLEASE TYPE OR PRINT LEGIBLY.**

NAME OF FIRM \_\_\_\_\_ DATE \_\_\_\_\_

SHIPPING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

BILLING ADDRESS(IF DIFFERENT THAN SHIPPING ADDRESS) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_ YEARS IN BUSINESS \_\_\_\_\_

SOLE PROP.  PARTNERSHIP  LIMITED LIABILITY PART.  CORPORATION DATE OF INC. \_\_\_\_\_  
Federal I.D. Number \_\_\_\_\_

**COMPLETE FOR EACH PARTNER / OWNER**

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_ DRIVER'S LICENSE NO. \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_ DRIVER'S LICENSE NO. \_\_\_\_\_

**TYPE OF PURCHASES**

Vacuum Motors  Vacuum Cleaners  Vacuum Parts  Central System Parts

**For BVC Internal Use Only**

ACCT. # \_\_\_\_\_ APPROVAL TERMS \_\_\_\_\_ NOTIFIED BY & DATE \_\_\_\_\_

APPROVAL DATE (MM/DD/YY) \_\_\_\_\_ BY \_\_\_\_\_ CREDIT LIMIT \_\_\_\_\_

