

# Reeves international inc.

14 Industrial Rd. Pequannock, NJ 07440 • 973-694-5006 Fax: 973-694-5213

Is your store a Brick and Mortar? \_\_\_\_\_ If yes, please proceed to complete the form.

<b>Name of Business:</b>			<b>Class of Trade:</b>		
<b>Billing Address:</b>			<b>Duns#:</b>		
City		State		Zip	
Phone ( )		Fax ( )		Email Address:	
<b>Ship to Address:</b>			<b>Website URL:</b>		
<b>Federal Id Number:</b>			<b>Resale Tax Id Number:</b>		
<b>Buyer Contact:</b>			Do you accept back orders?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your company a:		Corporation <input type="checkbox"/>	Partnership <input type="checkbox"/>	Sole Proprietorship <input type="checkbox"/>	
<b>Division/Subsidiary of:</b>			<b>Address:</b>		
Names/Address of partners:					
<b>Owner's name:</b>			<b>Home address:</b>		
City		State		Zip	
Phone ( )		Phone ( )			
<b>In business since</b>			<b>Date current ownership started</b>		
Names/Address of other businesses presently owned:					

<b>Terms Requested:</b>	Check in Advance: <input type="checkbox"/>	OpenCredit: <input type="checkbox"/>
Visa <input type="checkbox"/>	Mastercard <input type="checkbox"/>	AmerExp <input type="checkbox"/>
Card No:		
4 digit authorization code:	Exp. Date:	

**For consideration as a credit account, please complete the following:**

<b>Bank</b>			
Address	City	State	Zip
Account No.	Phone ( )	Contact Name:	

**Three trade references required; account, phone, and fax numbers needed.**

<b>Name</b>			
Address	City	State	Zip
Account No.	Phone ( )	Email:	

<b>Name</b>			
Address	City	State	Zip
Account No.	Phone ( )	Email:	

<b>Name</b>			
Address	City	State	Zip
Account No.	Phone ( )	Email:	

- I hereby certify that the above information is correct.
- I hereby authorize the above credit references to release credit information to Reeves International Inc.
- There will be a 1 ½ % monthly service charge on past due balances.
- I agree to pay all collection/legal fees in the event of non-payment.
- Reeves International will be implementing a 2.7% Convenience Fee on all Credit Card payments effective January 1, 2024

New accounts must include photos of the brick and mortar store.  
Photos must include inside view of cash wrap area and outside view of store signage.

Owners signature \_\_\_\_\_

Reeves Sales Rep. \_\_\_\_\_

Reeves Sales Mgr. Approval \_\_\_\_\_

Rep.# \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_