



[] NEW CUSTOMER APPLICATION		[] CUSTOMER ACCOUNT UPDATE	
CUSTOMER INFORMATION Please fill out completely and return with a copy of Business License			
Company Name			HXW Acct. No
Type of Business (e.g. Construction, Retail, Service etc.)			
Principal/Owner Name			
Physical Address			
City	Country		Postal Code
Billing Address			
City	Country		Postal Code
Website			
Main Tel. No		Fax No	
Business License No		Date & Issuing Authority	
VAT Reg. ID	<i>European countries</i>	Years in Business	
KEY COMPANY CONTACTS			
General Manager		Email	
Telephone Number		Fax Number	
Accounting Mgr.		Email	
Telephone Number		Fax Number	
Accounts Payable		Email	
Telephone Number		Fax Number	
Purchasing Mgr.		Email	
Telephone Number		Fax Number	
Sales/Marketing		Email	
Telephone Number		Fax Number	
SIGNATURES Required to establish an account with a copy of owner/principal photo ID			
		Date	
Name (Printed)		Title	
		Date	
Name (Printed)		Title	

Please send completed application, along with a copy of your **photo identification** and a copy of your **business license** to hxwaccounting@teamhorner.com.