



TransLine
Wholesale Supply Company

New Account Application

This application is required of all Transline accounts. Please promptly complete and return to ensure no delay in establishing your account. First order must be paid by credit card.

Billing Information:

Company Name: _____ Accounting Contact: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____

Shipping Information:

Ship to Company Name: _____ Ship to Contact: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____
Website: _____

Business Information:

Corporation Partnership LLC Solely Owned

Years in Business: _____ State of Incorporation: _____ Agent for Service of Process: _____

Name of Owner: _____

Resale Tax ID: _____ Federal Tax ID (EIN): _____

Trade Reference:

Company: _____ Contact: _____ Phone: _____

I authorize Transline to investigate statements and data listed on this form, and for the above references to release information pertaining to the establishment of my wholesale trade account.

Signed: _____ Title: _____ Date: _____

Mail to: P.O. Box 9805, Newport Beach, CA 92658, or
Fax to: 714-847-0108, or
Email: accounting@translinesupply.com