

Hot Stamp

SUPPLY COMPANY

NEW ACCOUNT FORM

BILL TO NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

SHIP TO NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

BUYERS NAME _____ **PHONE** _____

FAX _____ **EMAIL** _____

A/P CONTACT NAME _____ **PHONE** _____

FAX _____ **EMAIL** _____

FEDERAL ID# _____ **DUNS** _____

TRADE REFERENCES

NAME _____ **PHONE** _____ **FAX** _____

NAME _____ **PHONE** _____ **FAX** _____

NAME _____ **PHONE** _____ **FAX** _____

BANK REFERENCES

BANK NAME _____ **ACCT#** _____

BANK NAME _____ **ACCT#** _____

YOU MAY RELEASE MY CREDIT INFORMATION TO HOT STAMP SUPPLY COMPANY.

SIGNATURE
REQUIRED _____ **TITLE** _____ **DATE** _____

Please return all forms to:
Hot Stamp Supply Company, 141-2 Marcel Drive, Winchester, VA
877-448-1001 Toll Free Fax / 540-868-7505 Local Fax
customerservice@hotstampsupply.com