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## Send Completed Application To:

6585 Merchant Place, Suite 100 • Warrenton. VA 20187 Phone: (540)349-3166 • Fax: (540)349-0993 www.abamoriah.com

			Shinning Information			
Billing Information			Shipping Information			
Company:			Company:			
Address:			Address:			
City:	ST:	Zip:	City:		ST:	Zip:
	AP Contact			Delive	ery Contact	
Name:			Name:			
Phone:	x F	FAX:	Phone:		X	
Cust #:						
Type: Corporation	n Partnership	Individual Re	equested Credit L	ine:		
Incorporated in the Sta	ate of:		Date Establish	ned:		
Company Is: End User Reseller Both Credit For: Sales Service						
Approx. Net Worth As Of Last Year: DBA/Trade Name:						
Are Your Purchases T						
		x ID numbers for the states	listed below unles	s you are required b	by the state to provid	le a certificate.
•		These states require you to				
CA	GA	Ù <b>MA</b>	Ù	NY	TN	
СТ	IA	MD		ОН	тх	
Ù <b>DC</b>	ù in	Ù NC		PA	 ù <b>va</b>	
FL	KS	NJ		sc	WI	
					 Ù <b>wv</b>	
ABA is authorized to collect sales tax from the States listed above. Sales tax will be assessed for any product/services that are taxable in states where you						
	hav	e not provided a tax exemp	t number or cetific	ate if required.		
Bank Reference						
Bank Name			Account Number			
Bank Address			Telephone Number			
City, State Zip				Contact		
Trade References	Three Required (	Must Provide All Informatio	n)			
Name			Addres			Phone
1)						
		<del></del>				
•						
		full to ABA Moriah Corpora				
		o pay a late service charge owed shall become immedi				•
		oriah Corporation in the co				
		n writing of any materially u	nfavorable change	in the Applicants fir	nancial condition.	
-		I have given is true.				
Signature		Title _			Date _	
Name (Print)		Phone _		Ext	Fax _	

For Our Records, Please Attach A Copy Of Company's Most Current Financial Statement & Tax Certificate (if applicable).

Remit to: 6585 Merchant Place, Suite 100 • Warrenton. VA 20187 • Phone: (540)349-3166 • Fax: (540)349-0993 • www.abamoriah.com