

# MapTools

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## Credit Account Application

Business Name: \_\_\_\_\_

Street Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_

Business Started: \_\_\_\_\_

Business Structure:

Corporation

Partnership

Sole Proprietor

Other \_\_\_\_\_

Trade References: (Please list three.)

Company: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Company: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Company: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

California Resale Permit (Only necessary for California businesses.)

Permit Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_