

# EMSIG MFG CORP NEW ACCOUNT INFORMATION

ACCOUNTING OFFICE  
TEL. #718- 784- 7717 FAX#718- 784- 8740



DATE \_\_\_\_\_ SALESPERSON \_\_\_\_\_

SPECIFIER \_\_\_\_\_ **Amount of 1st Order** \_\_\_\_\_ \$ \_\_\_\_\_

**COMPANY** \_\_\_\_\_ **BUYER** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **E-MAIL** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **A/P** \_\_\_\_\_

**E-MAIL** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_ **COUNTRY** \_\_\_\_\_

**TEL.** \_\_\_\_\_ **FAX** \_\_\_\_\_

OWNERSHIP (CHECK ONE )     SOLE OWNER     PARTNERSHIP     CORPORATION   

REGISTERED w/ DUN & BRADSHEET     YES     D&B#     NO   

## REFERENCES : 1 BANK & 3 USA TRADE REFERENCES

Bank Name :
Address
City / State / Zip

**1**

Name	
Address	
City / State / Zip	
Tel #	Fax #

**CONTACT:** \_\_\_\_\_

**2**

Name	
Address	
City / State / Zip	
Tel. #	Fax #

**CONTACT:** \_\_\_\_\_

**3**

Name	
Address	
City / State / Zip	
Tel.#	Fax #

**CONTACT:** \_\_\_\_\_

PLEASE FILL OUT APPLICABLE INFORMATION ABOVE AND RETURN TO  
[SALES@EMSIG.COM](mailto:SALES@EMSIG.COM)