



7501 FLUID DRIVE
LITTLE ROCK, AR 72206
(501) 372-4747 (800) 264-0747
FAX (501) 376-8109

**New Account Set-Up
RESALE CERTIFICATE AFFIDAVIT**

Please provide copy of AR Sales and Use Tax Permit

COMPANY NAME: _____

COMPANY ADDRESS: _____ E-MAIL ADDRESS _____

CITY: _____ STATE: _____ ZIP: _____

BILLING ADDRESS: _____ BUSINESS PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

ACCOUNTS PAYABLE CONTACT: _____ FAX: _____

FEDERAL ID NUMBER: _____ RESALE CERTIFICATE NUMBER: _____

FORM OF BUSINESS: CORPORATION PARTNERSHIP SOLE PROPRIETOR OTHER

Years in business: _____ In the business of reselling: _____

Description of merchandise to be purchased: _____

NAMES OF OWNERS OR AUTHORIZED OFFICERS:

NAME: _____ TITLE: _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

PHONE: _____ EMAIL ADDRESS: _____

DRIVERS LICENSE NUMBER _____ Expiration date _____ ST: _____

NAME: _____ TITLE: _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

PHONE: _____ EMAIL ADDRESS: _____

DRIVERS LICENSE NUMBER _____ Expiration date _____ ST: _____

NAME: _____ TITLE: _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

PHONE: _____ EMAIL ADDRESS: _____

DRIVERS LICENSE NUMBER _____ Expiration date _____ ST: _____

