

## ACME INTERNATIONAL LLC 10500 NW 50<sup>th</sup> ST, # 201, SUNRISE, FL 33351

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(954) 302 2095

## **NEW CUSTOMER APPROVAL FORM**

Company name						
Primary contact						
Invoicing Address						
Email address						
Office phone	Mobile phone			Fax		
DNB#	Federal Tax ID#					
Former Business Ac						
Type of Business	Date Established			Years in Business		
Logistics contact						
Email address Shipping Address	Phone					
Business License #						
OWNERSHIP:	☐ Sole F	Proprietorship	☐ Partnership	□ Сог	rporation	
PRINCIPAL1:						
PRINCIPAL2:	(Name)	(Title)		(SS#)		
FRINCIPALZ.	(Name)	 (Title)		(SS#)		
PRINCIPAL3:						
	(Name)	(Title)		(SS#)		
			ES (TWO REQUIRED)			
NAME 1.		ADD	DRESS/PHONE#			
2						
			DETAILS			
BANK DETAILS						
(Bank Name)	(Add	dress)	(Acc	ct #)	ABA#/ SWIFT CODE	

No. of Employees \_\_\_\_\_ Est. Annual Sales \_\_\_\_\_