



UTN Distributors

☎:586-283-9782 | 📞:586-283-9782

Contact procurement@utndistributors.com
 Note: Please forward the filled out form to the following email address.

NEW ACCOUNTS APPLICATION

COMPANY BILLING

Company Name		Type of Business: <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Franchise <input type="checkbox"/> Other _____
Contact Name		
Email Address		
Phone Number		
Fax Number		
Registered Company Address, City, State, ZIP		Nature of Business: <input type="checkbox"/> Wholesale <input type="checkbox"/> Pharmacy <input type="checkbox"/> Retail <input type="checkbox"/> Chain <input type="checkbox"/> Online Retailer <input type="checkbox"/> Supermarket <input type="checkbox"/> Other _____
Years in Business?		
Years at Present Location?		
Federal Tax-ID		

COMPANY SHIPPING

Facility/ Company Name		Receiving Name	
Receiving Company Address, City, State, ZIP		Primary Phone Number	
		Secondary Phone Number	
Email Address		Fax	

OWNERS/ PRINCIPALS/ ACCOUNTS PAYABLE IN COMPANY

Full Name	Title	Phone	Email

SIGNATURES

Signature		Signature	
Name and Title		Name and Title	
Date		Date	

You MUST attach your resale certificate with this new accounts application
****If you do not attach your resale certificate, your account will not be processed****