



Commercial Account Application

40 Susquehanna Road
Bradford, PA 16701
PH: (814) 331-4900
FX: (814)331-4536

Thank you for your interest in Little Power Shop. Please complete this application and email it to sales@littlepowershop.com. Please attach a copy of your state resale license.

Company Information

Date: _____ Year Business Started: _____

Company Legal Name: _____

Trade (DBA) Name: _____

Type of Business: _____ State Resale Number; _____

Billing Address: _____

Billing City, State, Zip: _____

Phone: _____ Fax: _____

Email: _____

Website: _____

Accounts Payable Contact: _____ Phone: _____

Estimated Monthly Purchases: _____

Type of ownership (circle one): Sole Proprietorship Corporation Partnership LLC

Trade References

Name: _____ Monthly Purchases: _____

Address: _____

City, State, Zip: _____

Contact: _____ Phone: _____

Name: _____ Monthly Purchases: _____

Address: _____

City, State, Zip: _____

Contact: _____ Phone: _____

Name: _____ Monthly Purchases: _____

Address: _____

City, State, Zip: _____

Contact: _____ Phone: _____

Authorized Signature: _____ Title: _____

Print Name: _____ Date: _____