



# 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 and the Black Diamond Diesel product line. 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: \_\_\_\_\_