GUY COTTEN

FORM

NEW ACCOUNT ENROLLMENT

Mailing Address: 383 South Front Street
New Bedford, MA 02740
Phone: 508-997-7075
Fax: 508-996-4338
Email: info@guycottenusa.com

Date: _____

DUNS # 78-170-6106

Customer Address	Ship To Address
Name:	Name:
Phone: Fax:	Phone: Fax:
Address:	Address:
City State: Zip:	City State: Zip:
DUNS #	

TYPE OF OWNERSHIP (Circle): Sole Proprietorship Partnership LLC Corporation Other: _____

Principals / Owners	Legal Authority
Name:	Yes/ No
Name	Yes/ No
Name	Yes / No

Buyer	Person Responsible for Payment
Name:	Name:
Phone:	Phone:

Email:	Email:

GENERAL BUSINESS INFORMATION

Years in Business Present Entity: _____ Years at Present Location: _____

Anticipated Annual Guy Cotten Sales: _____

GUY COTTEN

TRADE REFERENCES

Fax number and Email must be included

Company Name:	Company Name:
Credit Dept Contact:	Credit Dept Contact:
Acct#	Acct#
Email:	Email:
Fax: Phone:	Fax: Phone:

Company Name:	Company Name:
Credit Dept Contact:	Credit Dept Contact:
Acct#	Acct#
Email:	Email:
Fax: Phone:	Fax: Phone: