

## Please provide the following information to request an account for purchases

Business Information: (Include a copy of your signed W-9) Business Name: Address:\_\_\_\_ City/St/Zip:\_\_\_\_ Account Contact:\_\_\_\_\_ Contact email: Telephone Number: Fax Number: Bank Reference Information: (Include a copy of your State Tax Exempt Certificates) Bank:\_\_\_\_\_ Address:\_\_\_ City/St/Zip:\_\_\_\_\_ Sales Tax Registration (if exempt):\_\_\_\_\_\_ D&B Number:\_\_\_\_\_ Trade References: Name: Address:\_\_\_\_\_ City/St/Zip:\_\_\_\_\_ Telepone:\_\_\_\_\_ Account Contact:\_\_\_\_\_ Name: Address: City/St/Zip:\_\_\_\_\_ Telepone:\_\_\_\_\_ Fax:\_ Account Contact:\_\_\_\_\_ Name:\_\_\_\_\_ Address: City/St/Zip:\_\_\_\_

Please return by fax to: Vol Power Sales, Inc. , Attn: Account Setup, fax 865-769-2227 or email: Stacey@volpowersales.com

Telepone:\_\_\_\_\_

Account Contact: