

SILK ESSENTIALS NEW ACCOUNT FORM

(Please Print or Type)

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Fax: _____ Email: _____

Contact: _____

Type of Business: _____

Resale Number: _____

BANK INFORMATION

Name/Branch: _____

Address: _____

City: _____ State: _____ Zip: _____

Account #: _____

TYPE OF ACCOUNT REQUESTED

Top of Form

ProForma ___ Credit Card ___ *Net 30 Days ___

* For Net 30 days account - please supply list of trade/credit references.

[Official Use Only] New Account#: _____

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