



ACCOUNT APPLICATION

Contact us at:
3261 S. Highland Dr, Suite 612
Las Vegas, NV 89109
702-737-3114 Fax 702-737-5578
800-428-7685 Fax 800-428-7686

BUSINESS NAME _____ How long in business? _____
 Business Address _____
 City _____ State ____ Zip _____ Phone _____ Fax _____
 Email Address _____
 ___ Corporation ___ Partnership ___ Sole Proprietorship Sales Tax ID # _____
 Person to speak with regarding payments _____ Title _____
 Owner Name _____ Home Address _____
 City _____ State _____ Zip _____
 Home Phone _____ Social Security # _____

FIRM NAME _____

I HEREBY CERTIFY,

That I hold valid seller's permit No. _____
 issued pursuant to the Sales and Use Tax Law; that I am engaged in the business of selling

that the tangible personal property described herein which I shall purchase from: **BCT**

will be sold in the form of tangible personal property: PROVIDED, however, that in the event any such property is used for any purpose other than retention, demonstration, or display while holding it for sale in the regular course of business, it is understood that I am required by the Sales and Use Tax Law to report and pay for the tax, measured by the Purchase price of such property.

Description of property to be purchased: _____

Dated: _____ 20 _____ Signature _____

at _____ By and Title _____

CREDIT CARD AUTHORIZATION

BCT accepts MasterCard & Visa

Business Name _____

Name on Card _____

Card # _____

Exp. Date _____ V Code (3 digits on the back) _____

Billing Address of card _____

**All accounts will be COD status with a credit card on file*

Signed _____ Title _____ Date _____