

AMLONG, INC (CrystalCompany.com)

APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS INFORMATION

Company Name:

Contact Person:

Title:

Phone:

Fax:

E-mail:

Business address:

City:

State:

ZIP Code:

Your Website:

How long at current address?

Date business commenced:

Sole proprietorship:

Partnership:

Corporation:

Other:

Are you Retailer?

Wholesaler

Distributor

Other:

What products are you interested in?

BUSINESS/TRADE REFERENCES

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

AGREEMENT

1. All invoices are to be paid by major credit, prepaid check or COD cashier check (Payable to AMLONG, INC).
2. By submitting this application, you authorize AMLONG, INC. to make inquiries into the business/trade references if it is applied for.
3. Please send this form via email to info@crystalcompany.com or fax to (626)964-7680

SIGNATURES

Name & Title:
Date:

Name & Title:
Date: