

Native Ground Music, Inc.

Request to Establish an Open Account

Company Name: _____

Billing Address: _____

Phone: _____

Billing Contact Person: _____ Phone: _____

FAX: _____ E-mail and
Internet addresses: _____

Retail or Wholesale License Number: _____

Years in Business: _____ Purchasing
Contact Person: _____

Circle One of the Following:

Partnership (list all partners): _____

Corporation--Name of Principal: _____

Sole Proprietorship--Home Phone: _____

Trade Reference

Name: _____ Name: _____

Phone: _____ Phone: _____

Account Number: _____ Account Number: _____

Bank Reference

Bank Name: _____ Account Number: _____

Address: _____ Contact Person: _____

I believe that our firm is financially able to meet any commitments we have made and we expect to pay all invoices, net 30 days.

Signed: _____ Date: _____

Send to: Native Ground Music, 109 Bell Rd., Asheville, NC 28805-1521. or FAX: 828.298.5607