



HIGHLAND TECHNOLOGY

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CUSTOMER ACCOUNT APPLICATION

In order to create/update your Customer Account, please provide the following information:

DATE: _____

Name of Business: _____

Company Address: _____

Type of Business: _____

DUNS Acct #: _____

Tax / Resale ID # _____ (Please include a copy of your Tax
Exemption Certificate or Direct Pay Permit, if applicable, with the completed form)

Accounts Payable Contact Name: _____

Phone (required): _____

Fax (required): _____

Email (required): _____

Principals: President: _____

VP Finance: _____

Bill-To Name & Address:

Ship-To Address:

Bank Reference

Bank Name: _____

Bank Address: _____

Bank Account Number: _____

Phone Number (required): _____

Fax Number (required): _____

Email: _____

Bank Contact Name: _____

Trade Reference 1

Company Name: _____

Address: _____

Account Number: _____
Phone Number (required): _____
Fax Number (required): _____
Email: _____
Contact Name: _____

Trade Reference 2

Company Name: _____
Address: _____

Account Number: _____
Phone Number (required): _____
Fax Number (required): _____
Email: _____
Contact Name: _____

Trade Reference 3

Company Name: _____
Address: _____

Account Number: _____
Phone Number (required): _____
Fax Number (required): _____
Email: _____
Contact Name: _____

Trade Reference 4

Company Name: _____
Address: _____

Account Number: _____
Phone Number (required): _____
Fax Number (required): _____
Email: _____
Contact Name: _____

Signature of Purchasing Agent or other Authorized Individual required:

Print Name: _____
Signature: _____
Date: _____

Please return the completed and signed form by:

FAX: 415-551-5129 or

EMAIL: acctg@highlandtechnology.com