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Please provide the information below or forward the proper list of references so that we can open a new customer account for your facility. Please note that all credit references will be checked and terms will only be provided if sufficient customer information is obtained. Golston Product Solutions will not extend terms until all vendor responses have been received and were satisfactory. If you have any questions, please feel free to contact Patricia Haag (413) 233-3811.

Company Name:	Established:
Bill-to Address:	
Accounts Payable Contact Name	
AP Contact Phone:	
	erences: (Fax Numbers are necessary)
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on your accounts. We would like to verify your bank so that we can forward it to your bank if they need at	uthorization.	
Please provide a list of employees who have aut		
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