



910 N. HARBOR DRIVE • SAN DIEGO, CA 92101 • 619.544.9600 • FAX: 619.544.0173

PLEASE FILL OUT COMPLETELY, SIGN AND FAX TO: 619.544.0173, ATTN: KATE ULLRICH

Company name:			
Sales Contact:			
Phone:	Fax:	E-mail:	
Company Address Physical:			
City:	State:	ZIP Code:	
Company Mailing Address (if different from above):			
City:	State:	ZIP Code:	
Sole proprietorship:	Partnership:	Corporation:	Other:
Tax Identification Number:			

**BILLING INFORMATION**

Billing Contact:		
Phone:	Fax:	Email:

**BUSINESS/TRADE REFERENCES (MINIMUM OF ONE PLEASE)**

Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			

**AGREEMENT**

1. All invoices are to be paid 30 days from the date of the invoice.
2. By submitting this application, you agree to allow The USS Midway Museum to make inquiries into the banking and business/trade references that you have supplied.
3. Only an employee authorized to release financial information on behalf of Company may sign this application.

**AUTHORIZED SIGNATURE**

TITLE	DATE