



# Frank Silva & Sons, Inc.

P.O. Box 998  
Harvey, LA 70059

Phone: 504-328-2830 Fax: 504-328-2868

## NEW ACCOUNT FORM

Store/ Account Name \_\_\_\_\_ Date \_\_\_\_\_

Store/ Account Address \_\_\_\_\_ Phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How long in business? \_\_\_\_\_

Primary Email Address \_\_\_\_\_ Secondary Email Address \_\_\_\_\_

Have you done business with FS & S before? \_\_\_\_\_ If yes, list name and address of store below:

\_\_\_\_\_

In order for FS & S to accept payment by check we require the following information:

Bank Name \_\_\_\_\_ Checking Acct # \_\_\_\_\_

How long with this bank? \_\_\_\_\_ Officer Name and Phone # \_\_\_\_\_

Store/ Business Owner Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Home Address \_\_\_\_\_

Social Security # \_\_\_\_\_ LA Driver's License # \_\_\_\_\_

Person(s) authorized to sign checks- Name \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_ LA Driver's License # \_\_\_\_\_

## ADDITIONAL INFORMATION NEEDED

FS & S Sales Rep completing document: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_ Account # \_\_\_\_\_