



Cust: _____
(for W&P use only)

DEALER CREDIT APPLICATION

GENERAL INFORMATION Please answer ALL questions Completely (Print or Type)

Account Type Requested (Check one): Open _____ Prepaid _____

Will you accept 1st order prepaid pending approval of completed Dealer Application: _____

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

Preferred Method of Shipment (if not UPS Ground): _____

Shipping Address (no PO Boxes): _____

City: _____ State: _____ Zip: _____

Name of Owner/President: _____ Beg. date of business under present owner: _____

Web Address: _____ Ecommerce: **Yes | No** (circle one)

A/P Contact & Email Address: _____

Purchasing Contact & Email Address: _____

TRADE REFERENCES FAX NUMBERS EXPEDITE APPROVAL PROCESS

Name: _____	Account #: _____
Street Address: _____	City: _____ State: _____ Zip: _____
Phone #: _____	Fax#: _____
Name: _____	Account #: _____
Street Address: _____	City: _____ State: _____ Zip: _____
Phone #: _____	Fax#: _____
Name: _____	Account #: _____
Street Address: _____	City: _____ State: _____ Zip: _____
Phone #: _____	Fax#: _____

Credit references are required for open accounts.

TERMS

BY SUBMITTING THIS APPLICATION, YOU AGREE TO NET 30 DAY TERMS.