

## DEALER CREDIT APPLICATION

### GENERAL INFORMATION

Please answer ALL questions Completely (Print or Type)

Account Type Requested (Check one): Open \_\_\_\_\_ Prepaid \_\_\_\_\_  
Will you accept 1<sup>st</sup> order prepaid pending approval of completed Dealer Application: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Employer Identification Number (EIN): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Shipping Address (no PO Boxes): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
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

Company: _____	Account #: _____
Street Address: _____	City: _____ State: _____ Zip: _____
Phone #: _____ Fax#: _____	Email: _____
Company: _____	Account #: _____
Street Address: _____	City: _____ State: _____ Zip: _____
Phone #: _____ Fax#: _____	Email: _____
Company: _____	Account #: _____
Street Address: _____	City: _____ State: _____ Zip: _____
Phone #: _____ Fax#: _____	Email: _____
Company: _____	Account #: _____
Street Address: _____	City: _____ State: _____ Zip: _____
Phone #: _____ Fax#: _____	Email: _____

**Credit references are required for open accounts.**

### TERMS

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