



**PRINT ONLY:**

**Note: In order to qualify as a Business/Dealer account, you must complete the information requested.**

Business Name: \_\_\_\_\_ DUNS No. \_\_\_\_\_  
Address: \_\_\_\_\_ Fed. ID No. \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ Re-Sale No. \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Member of Better Business Bureau: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner Name: \_\_\_\_\_

\_\_\_\_ Proprietorship \_\_\_\_ Partnership \_\_\_\_ Corporation

How Long in Business: \_\_\_\_\_ Primary Type of Business: \_\_\_\_\_

**Purchasing Agents Names:**

1. \_\_\_\_\_ Phone Ext. \_\_\_\_\_
2. \_\_\_\_\_ Phone Ext. \_\_\_\_\_
3. \_\_\_\_\_ Phone Ext. \_\_\_\_\_

Person Responsible for account payment: \_\_\_\_\_

Title: \_\_\_\_\_ Phone Ext. \_\_\_\_\_

**Terms:**

Net 30 \_\_\_\_ COD/Checks \_\_\_\_ Credit Card(s): V \_\_\_\_ MC \_\_\_\_ Disc \_\_\_\_

Credit Card: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

**Bank Information:**

Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No: \_\_\_\_\_

Type of account(s):

Checking: \_\_\_\_ Savings: \_\_\_\_ Loan(s): Yes \_\_\_\_ No \_\_\_\_ Balance Remaining: US \$ \_\_\_\_\_

**CREDIT REFERENCES:**

1. Company Name : \_\_\_\_\_  
Account No. \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

2. Company Name: \_\_\_\_\_  
Account No. \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

3. Company Name: \_\_\_\_\_  
Account No. \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Credit Department Agreement for Open Accounts:**

\*\*\* Note: The undersigned agrees to provide at least one credit card to keep on file. This card is to be used as the warranty for this credit account. If under any circumstances your account is past due after 30 days of the Invoice due date, your card will be automatically charged for the owed amount.

\*\*\*There is also a US\$ 20.00 fee for returned checks. If we receive a check returned back to us your account will be automatically placed ON Credit Hold until amount due is fully paid. If this happens a second time your account will be changed to Credit Card or Prepay Money Order.

\*\*\* Be aware that we do report to all Three Credit Bureaus.

\_\_\_\_\_ I Accept Terms and Conditions

\_\_\_\_\_ I Do Not Agree Terms and Conditions

Print Name: \_\_\_\_\_

Reason: \_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

For Office Use Only:

Approved: _____	Disapproved: _____	Terms: _____	Reason: _____
_____			
Credit Limit: US\$ _____	Initials: _____	Date: _____	



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