



DEALER / CREDIT APPLICATION

BUSINESS CONTACT INFORMATION

Company name:				
Phone:	Fax:	E-mail:		
Registered company address:				
City:	State:	ZIP Code:	Tax ID No.	
Date business commenced:				
Sole proprietorship:	Partnership:	Corporation:	Other:	
Types of products sold:				
Owner/President		Phone:	Fax:	Email:
Sales Manager		Phone:	Fax:	Email:
Accounting		Phone:	Fax:	Email:

BUSINESS AND CREDIT INFORMATION

Bank name:				
Bank address:			Phone:	
City:		State:		ZIP Code:
Type of account	Account number			
Savings				
Checking				
Other				

BUSINESS/TRADE REFERENCES

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

All invoices are to be paid 30 days from the date of the invoice.

OFFICER SIGNATURE

Print Name:	Title:	Signature:	Date:
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FOR SRI OFFICE USE ONLY

Credit Reviewed: <input type="checkbox"/> Yes, No <input type="checkbox"/>	By:	Date:	Comments:
Credit Approved: <input type="checkbox"/> Yes, No <input type="checkbox"/>	Credit Limit:		Comments:
Dealer Notified: <input type="checkbox"/> Yes, No <input type="checkbox"/>	By:	Date	Comments: