



## DEALER / CREDIT APPLICATION

### BUSINESS CONTACT INFORMATION

<b>Company Name:</b>			
Phone:	Fax:	E-mail:	
Registered company address:			
City:	State:	ZIP Code:	Tax ID no.
Date business commenced:			
<input type="checkbox"/> Sole proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> 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

<b>Company Name:</b>			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
<b>Company Name:</b>			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
<b>Company Name:</b>			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			

### AGREEMENT

Terms will be determined based on the credit application. Maximum terms are Net 30.

### OFFICER SIGNATURE

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

Credit Reviewed: Yes / No	By:	Date:	Comments:
Credit Approved: Yes / No	Credit Limit:		Comments:
Dealer Notified: Yes / No	By:	Date:	Comments: