

# Dealer Application

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

## 1. COMPANY PROFILE

Name of Firm: \_\_\_\_\_

Tel: \_\_\_\_\_

Street Address: \_\_\_\_\_ FAX: \_\_\_\_\_

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

We are set-up as a:  Proprietorship  Partnership  Corporation

Name & Home Address of Proprietor or of Partners (Please Print)

a. Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

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

Social Security Number: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

b. Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

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

Social Security Number: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

If Corporation, Officers' Names:

President: \_\_\_\_\_

Buyer: \_\_\_\_\_

Payables: \_\_\_\_\_

Date Business Established: \_\_\_\_\_ How long at present location: \_\_\_\_\_

Federal Tax ID #: \_\_\_\_\_ Resale Number: \_\_\_\_\_

## 2. BANK REFERENCES

Name: \_\_\_\_\_ Tel: \_\_\_\_\_

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

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

Type and Number of Account:  Checking  Savings

## 3. TRADE REFERENCES

a. Name: \_\_\_\_\_ Tel: \_\_\_\_\_

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

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

FAX: \_\_\_\_\_ Credit limit: \_\_\_\_\_

b. Name: \_\_\_\_\_ Tel: \_\_\_\_\_

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

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

FAX: \_\_\_\_\_ Credit limit: \_\_\_\_\_

c. Name: \_\_\_\_\_ Tel: \_\_\_\_\_

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

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

FAX: \_\_\_\_\_ Credit limit: \_\_\_\_\_

The above merchandise is property of *Incode* unless fully paid. Customer shall be responsible for all legal and collection fees in regard to this account. No returns allowed without RMA number. No refunds allowed after 30 days from the date of invoice. There will be a \$25 charge for any returned checks. 1.5% finance charge will be applied to any invoice which is past due. There will be a \$30 diagnosis charge for items returned as defective and test good.

AUTHORIZED SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_