



FOR OFFICE USE ONLY	
CUSTOMER NO. _____	_____
CREDIT CODE _____	_____

Date \_\_\_\_\_

BILL TO:		
LEGAL CUSTOMER NAME _____		
CUSTOMER ADDRESS _____		
_____		
CITY _____	STATE _____	ZIP _____
PHONE _____		FAX _____
RESALE NUMBER _____		

BILL TO:		
LEGAL CUSTOMER NAME _____		
CUSTOMER ADDRESS _____		
_____		
CITY _____	STATE _____	ZIP _____
CREDIT LIMIT DESIRED _____		ANTICIPATED ANNUAL VOL. _____
TERMS: B OF L = NET 90 / C.A.D. / L.C. / WHSE. = NET 30 _____		
SHIP VIA _____		RECEIVING HOURS: _____ REQUIRE APPOINTMENT: YES NO
NAME OF PERSON TO CONTACT IF PROBLEM ARRISES: _____		

**ACCOUNT CLASSIFICATION**

DEALER \_\_\_\_\_ WHOLESALE IV \_\_\_\_\_

LEVEL I - (OPEN) 40/10 - 50/20 \_\_\_\_\_ OTHER V \_\_\_\_\_

LEVEL II - 50/10 \_\_\_\_\_

LEVEL III - 50/20 \_\_\_\_\_

**FINANCIAL**

NAME OF PRINCIPAL \_\_\_\_\_

*MAJOR SUPPLIERS / REFERENCES:*

NAME	CITY	STATE	PHONE
1. _____	_____	_____	(____) _____
2. _____	_____	_____	(____) _____
3. _____	_____	_____	(____) _____

*BANK REFERENCE (AT LEAST 1)*

NAME	CITY	STATE	PHONE
1. _____	_____	_____	(____) _____
2. _____	_____	_____	(____) _____

REMARKS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SALES REP \_\_\_\_\_ DATE \_\_\_\_\_