



FAX: 813.782.5455

DEALER APPLICATION / NEW ACCOUNT SETUP SHEET

TO QUALIFY, IT IS NECESSARY THAT ALL INFORMATION REQUESTED BE ANSWERED

1) Name(s) of Contact / Title: _____

2) Full Legal Business Name: _____

4) Federal Tax ID Number (EIN): _____

5) Mailing Address: _____ Telephone: _____

_____ Fax: _____

Email Address _____

6) Shipping Address: _____ Telephone: _____

7) Type of Organization:	_____ Consumer Electronics	_____ Computer	_____ Catalogs
	_____ Hardware	_____ Electrical	_____ Education
	_____ Lighting	_____ Medical	_____ Military
	_____ Security	_____ Pool & Spa	_____ HVAC
	_____ Other	_____	_____

8) Names and Addresses of Trade References:
a.) _____ Fax: _____

b.) _____ Fax: _____

c.) _____ Fax: _____

9) Name and Address of Principal Bank References: _____

Address: _____ Telephone: _____

10) Sales Tax ID Number: _____

(If applicable)

OFFICE USE ONLY

(PLEASE DO NOT WRITE BELOW LINE)

SALES REPRESENTATIVE: _____

TERMS: PREPAID

PRICING DEALER

CUSTOMER TYPE: PRO