

DEALER CREDIT APPLICATION

Please complete and fax this form to our office at
(919)567-2924



Registered Legal Name	
Trade Name (if different from above)	
Length of time in business	
Business Street Address	
City, State (or Province) and Zip Code Country (if different from US)	
Business Telephone Number	
Business Fax Number	
Accounts Payable Contact	
Credit Card Information	Card # Expiration date: Cardholder name:
Credit Card Billing Street Address	
City, State and Zip Code	
E-mail Address	

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Your first order must be paid for in advance using MasterCard, Visa, American Express or by mailing a company check to our office. All future orders are granted 30-day net payment terms. The above-noted credit card information will only be used to process payment for invoices that are 30 days overdue.