



APPLICATION FOR ACCOUNT

sales@collinsdistributing.com
800.727.0884 fax 888.265.8652

About Your Company

Company Name _____

Street _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

SHIPPING ADDRESS (if different from above)

Street _____

City _____ State _____ Zip Code _____

When was the company established? _____ How long has it been with present owners? _____

Name of owner(S) _____ Accounts Payable contact _____

Amount of credit line requested (very important) \$ _____

This company is a [] Proprietorship [] Partnership [] Corporation

Company website address _____

Are you an Authorized Dealer for any of the following manufactures?

Samsung: [] Acct number Sharp: [] Acct Number Toshiba: [] Acct Number

What are the names of your purchasing representatives?

Do you prefer Fax [] or Email [] on our Specials?

Do you have email? Yes [] No [] Email Address _____

Do you sell Off Lease or Refurbished Copiers or Faxes? Yes [] No []



Please fax or email your resale certificate to 888.265.8652 sales@collinsdistributing.com

FEDERAL TAX ID. #: _____ TAX RESALE # _____
(*WE MUST HAVE A COPY OF YOUR RESALE CERTIFICATE)

FINANCIAL INFORMATION:

Bank Name _____ Phone _____

Mailing Address _____

City _____ State _____ Zip Code _____

Officer Name _____ Phone # _____

Account # _____

Trade References

Please supply trade references of suppliers with whom you do business on a regular basis

1.) Name _____ 2.) Name _____
Address _____ Address _____
Phone _____ Phone _____
Fax _____ Fax _____
Acct # _____ Acct # _____

3.) Name _____ 4.) Name _____
Address _____ Address _____
Phone _____ Phone _____
Fax _____ Fax _____
Acct # _____ Acct # _____

The undersigned must be one of the following: President, Chairman, General Partner, Managing Member, Owner or Sole Proprietor. I represent and warrant that I am duly authorized to execute this document on behalf of the party requesting credit. My signature below: a) indicates my permission to obtain credit information from the sources references; and b) attests financial responsibility and willingness to pay invoices in accordance with terms. I understand and agree that accounts are due and payable net 10 days. After 30 days, Collins Distributing Company reserves the right to accrue a service charge of 1.5% per month until fully paid. If the account is turned over to a collection agency or attorney, Applicant agrees to: (a) pay all accounts when due; (b) pay costs of collection and attorney fees if account is delinquent; and (c) all terms and conditions as stated herein.

Authorized Signature Printed Name Title Date

