

Legal Name:			Phone No:		
Street Address:			Fax No:		
City:		State:	Zip Code:	Fed Id No:	
Please Check One: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship			Web Address:	E-Mail:	
Parent Company Name:			Nature of Your Business:		
Year Business Established:	Number Of Employees:	Annual Sales:	Primary Market Segment Served By Your Business:		
CFO/Controller Name:		Phone No:	Estimated Annual Purchases:		
Accounts Payable Contact:		Phone No:	Credit Line Requested:		
Purchasing Contact:		Phone No:	Purchase Orders Are Required: <input type="checkbox"/> Yes <input type="checkbox"/> No Unsigned Purchase Orders Are Acceptable: <input type="checkbox"/> Yes <input type="checkbox"/> No		

Officers/Partners/Principals

Name	Title	Street Address	City	State	Phone No
	President				
	Vice President				
	Treasurer				
	Secretary				

Trade References(Merchandise Suppliers)

Supplier Name	Acct No	Phone No	Fax No	City	State	Nature of Purchases

Bank References

Bank Name	Acct No	Phone No	Fax No	City	State	Contact Person

We, the undersigned, certify that the information provided here is true and correct. We understand that this information will be held in strict confidence and will be used by Spectrum Industries in establishing a reseller relationship and approving a line of credit. The undersigned agrees that the payment terms for purchases on credit shall be Net 30 days from the date of invoice and that invoices unpaid after 30 days will cause future orders to be delayed. If payment is not received when due, applicant agrees to pay a monthly service charge of 1.5% (18% annually) of the unpaid delinquent balance until the account is paid in full. In the event that the account must be placed for collection, applicant agrees to pay all costs and expenses of collection including reasonable attorney fees and expenses.

Company _____ Date _____

Authorized Signature _____ Name _____ Title _____

****We can not process your application without an authorized signature and at least four trade references complete with phone and fax numbers****

Spectrum Internal Use Only

Account No:	Reseller No:	Origin Date
Credit Rating	Credit Limit	Approval Date

Please complete the attached resale certificate and return with this application.

Return to: Spectrum Industries Credit Department, P.O. Box 400, Chippewa Falls, WI 54729

Fax to: 1-800-335-0473