



MAIL
P.O. Box 2528
Kalamazoo, MI 49003-2528

STREET ADDRESS
301 Peekstock
Kalamazoo, MI 49001

Local: (269) 337-6000
Nat'l.: (800) 531-2101
FAX: (269) 337-6003

DEALER APPLICATION FOR OPEN ACCOUNT CREDIT

(PLEASE TYPE OR PRINT CLEARLY)

BUSINESS INFORMATION	FIRM NAME: _____			
	STREET ADDRESS/ CITY, STATE & ZIP: _____			
	BILLING ADDRESS/ CITY, STATE & ZIP: _____			
	PHONE NUMBER: () _____		FAX NUMBER: () _____	
	TAX EXEMPT NUMBER: PLEASE SUPPLY COPY		NO. OF YEARS COMPANY IN BUSINESS: _____	
	PRINCIPAL'S NAME AND TITLE: _____			
	PRINCIPAL'S HOME ADDRESS/ CITY, STATE & ZIP: _____			
<input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INDIVIDUAL				
NO. OF SALESPeOPLE: _____ RATED IN D & B: <input type="checkbox"/> YES <input type="checkbox"/> NO RATING: _____				
CREDIT INFORMATION	NAME OF ACCOUNTS PAYABLE MANAGER: _____			
	NAME & ADDRESS OF BANKS WITH WHOM YOU HAVE AN ACCOUNT:			
	Bank Name	Street & No.	City, State & Zip	Phone Number
a.) _____				
b.) _____				
CREDIT POLICY AND TERMS				
Your application for credit must be approved prior to an extension of credit. Orders will be sent C.O.D. unless a PREPAYMENT CHECK accompanies orders until credit is approved. Our terms are 30 DAYS from date of invoice.				
TRADE REFERENCES	TRADE REFERENCES: PLEASE SUPPLY AT LEAST 3 FIRMS WITH WHOM YOU ARE CURRENTLY DOING BUSINESS.			
	1. Name & Mailing Address _____			
	City, State & Zip _____		FAX _____	
			Phone _____	
	2. Name & Mailing Address _____			
City, State & Zip _____		FAX _____		
		Phone _____		
3. Name & Mailing Address _____				
City, State & Zip _____		FAX _____		
		Phone _____		

AGREEMENT: I/We hereby warrant that the above information is correct and authorize Ultra Forms Plus to verify my/our financial responsibility by contacting references given above.

I/We understand that in the event that a past due account is turned over for collections, that a fee will be assessed equal to the cost of collection including collection agency, attorney and court costs incurred and permitted by law governing these transactions.

Personal Guarantee: I hereby personally guarantee the payment of the account described above.

Name _____

Title _____

Date _____

CREDIT DEPARTMENT USE ONLY
DATE CREDIT APPROVED: _____
DATE CREDIT DENIED: _____
COMMENTS: _____
