



CREDIT APPLICATION FOR A BUSINESS ACCOUNT

Please send completed document to accounting@adaptiveimports.com


Section 1 Business Contact Information		
Company name:	EIN:	
Multiple Branches: () Yes () No		
Phone:	Email:	
Bill To address:		
City:	State:	Zip:
AP Contact Name:		AP Email:
Date business commenced:		
Resale License Number and State:		
Sole proprietorship:		Partnership:
Corporation:		Other:

Section 2 Ship to Information		
Same as above: () Yes Branch Ship To listed on quote request: () Yes Liftgate Required: () Yes		
Ship To address:		
City:	State:	Zip:
Phone:	Fax:	E-mail:

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<p>Section 3 Credit information if you wish to be a 30-day term paying customer ONLY <i>(If you do not wish to be a 30-day term paying customer, please move to section 4).</i></p>		
Bank name:		
Bank address:	Phone:	
City:	State:	ZIP Code:
Checking Account number:		

<p>Section 4 Customer Agreement</p> <ol style="list-style-type: none"> 1. Your first order must include a purchase order and be pre-paid by credit card. 2. All invoices are to be paid 30 days from the date of the invoice. 3. Shipping charges are determined by the product size, weight, and address. Dealers can request their own UPS or FedEx account be billed for shipping. 4. Products may be drop shipped within the US only. International Orders must be shipped to dealer or freight forwarder. 5. By submitting this application, you authorize Adaptive Imports, LLC to make inquiries into the banking and business/trade references that you have supplied.
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<p>Section 5 Customer Signature</p>	
Print Name:	Title:
Signature: 	Date: