

APPLICATION FOR CREDIT

SECTION ONE – Company Inf	ormation (must be complet	ted o	on form)			
Firm / Legal Name:						
Trade / dba Name:						
Phone:			Fax:			
Mailing Address:			Shipping Address:			
Type of Business:			Date Started:			
Estimated Annual Sales:			Freight Carrier Choice:			
Owner or Owners (or authori	zed Officer of Corporation):					
Name	Title		Phone		Email	
Accounts Payable Contact:						
Name	Title		Phone		Email	
SECTION TWO – References	may attach list with all info	rma	ation needed)			
Trade Reference	es – Minimum of four, two o	of w	hich regularly exten	d mo	re than \$5,000 cr	edit
Reference Company	Street Address		City, State & Zip		Phone	Fax
		ļ				
Contact Name:		Contact Email:				
Contact Name:		ļ				
		Contact Email:				
Contact Name:			ontact Email:			
Contact Name:		(Contact Email:			
Bank Reference			1			
Bank Name:			Account Number:			
Bank Address:						
Account Officer Name:		E	Email:			
Account Officer Direct Phone			Fax:			
THE ABOVE FINANCIAL INSTITUTIONS A APPLICANT'S SIGNATURE ATTESTS FINANCIAL R	ESPONSIBILITY, ABILITY AND WILLINGNESS TO	PAY O				
			ors, please note –			
ļ	must be drawn on a US bank			, ACI	H payment is requ	ired
NOTE:			Sign -			
The Distributor Opening process takes, on average, 2-3 weeks from the time the credit app. is submitted, until a new distributor is able to place an order.		ie	Print -			
The above information is to be used only as an aid in establishing credit and will be held in strict confidence.			Title -			
Total Door Systems may request a down payment on initial order			Date -			

ONCE SIGNED AND COMPLETED, PLEASE EMAIL TO: admin@totaldoor.com