

# Application for Dealer Credit

## COMPANY INFORMATION

Company name \_\_\_\_\_

Billing address \_\_\_\_\_

Office address \_\_\_\_\_

Contact \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

\_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Proprietorship \_\_\_\_\_ Other

Number of employee's \_\_\_\_\_

Type of business \_\_\_\_\_

Year established \_\_\_\_\_ Yearly Gross sales \$ \_\_\_\_\_

Yearly net profits \$ \_\_\_\_\_

Net value \$ \_\_\_\_\_

Resale #:

FEIN #:

Dun #:

Tax ID#

Do you currently sell online? \_\_\_\_\_

If yes, what is your eCommerce web address? \_\_\_\_\_

Do you currently participate in trade shows? \_\_\_\_\_

If yes, please describe what trade shows \_\_\_\_\_

**Please choose the reseller program you are interested in:**

Inventory our products \_\_\_\_\_

We drop-ship our products to your customers \_\_\_\_\_

**CREDIT REFERENCES**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Credit line requested \$ \_\_\_\_\_

**BANK REFERENCES**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

**AUTHORIZATION**

All information provided herein is believed to be correct and is being submitted for the purpose of requesting credit is extended to \_\_\_\_\_. We hereby authorize Mobile Office, Inc. to investigate any references or financial information provided herein which pertains to Ergonomic Solutions' credit and/or financial responsibility.

Authorized signature _____	Date _____
Name _____	