



Company Information &

Company: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone #: _____

Fax #: _____

Web Site: _____

Type of Business:

Corporation Partnership Proprietorship

Type of Customer:

Distributor Contractor OEM

Other (specify) _____

Year Company Started: _____

Duns #: _____

Federal Tax ID #: _____

Company Size MM Sales: _____

Credit Limit Desired: _____

Taxable Non-taxable

If non-taxable please provide tax exempt certificate or tax exempt number: _____

Billing Information

Contact Name: _____

Billing Address: _____

Phone #: _____

E-mail: _____

Financial Institution Information

Name: _____

Address: _____

Phone #: _____

Account #: _____

Shipping Information

Contact Name: _____

Shipping Address: _____

Phone #: _____

E-mail: _____

Freight Instructions:

- Prepaid
- Collect
- Other: _____

UPS Account #: _____

Preferred Carrier: _____

Special Instructions: _____

Credit References

1. _____

2. _____

3. _____

I hereby authorize Sealex International, Inc. to investigate the information presented. I authorize the vendors and bank listed to provide Sealex International, Inc. with all information relative to our establishing credit with them.

Owner / Officer: _____

SIGNATURE

Date: _____

PRINT

Sealex International, Inc.
8850 Moeller Drive
Little Traverse Ind. Park

For Office Use Only:

Credit Rating: _____

Open Acct

COD

Credit Limit: _____

Date Received: _____

Phone: 231-348-5020
Fax: 231-348-5255
www.sealexinc.com
Email: info@sealexinc.com