

SPECIALIZED MAIL ORDER, INC.

873 Busse Road, Bensenville, IL 60106
630/766-1234 800/262-4525 Fax 800/262-4535
smo@smocatalog.com (please type or print clearly)

CONFIDENTIAL DEALER CREDIT APPLICATION

GENERAL MANAGER

FEDERAL I.D. #

CONTACT - ORDER INFORMATION

RESALE TAX EXEMPTION #

CONTACT - SHIPPING- FREIGHT INFO.

NAME OF DEALER

CONTACT - ACCOUNTS PAYABLE

STREET ADDRESS / P.O. BOX

COMPANY E-MAIL ADDRESS

CITY STATE ZIP

WEBSITE ADDRESS

PHONE NUMBER

FAX NUMBER

The following information is submitted for your consideration as basis for opening an account with us.

We operate _____ We have been established for _____ years.
(type of business)

Ours is a: Corporation Co-Partnership Limited Partnership Individual Business

Proprietor(s) or Officers:

Name/Title

Name/Title

CREDIT REFERENCES (PLEASE FILL OUT ALL FOUR REFERENCES)

COMPANY NAME

COMPANY NAME

ADDRESS

ADDRESS

CITY, STATE ZIP

CITY, STATE ZIP

TELEPHONE FAX

TELEPHONE FAX

EMAIL ADDRESS

EMAIL ADDRESS

COMPANY NAME

COMPANY NAME

ADDRESS

ADDRESS

CITY, STATE ZIP

CITY, STATE ZIP

TELEPHONE FAX

TELEPHONE FAX

EMAIL ADDRESS

EMAIL ADDRESS

WE BANK AT: _____ ACCOUNT # _____

PLEASE CHECK IF LISTED IN: D & B OTHER _____

We believe that our firm is financially able to meet any commitments we have made and we expect to pay your invoices.

DATE

SIGNED BY/TITLE

PLEASE PRINT OR TYPE NAME/TITLE