SANDLERSEATING

1175 Peachtree Street NE
Suite 1850
Atlanta
GA 30361

T. (404) 982 9000
F. (404) 321 7882
www.sandlerseating.com
sales@sandlerseating.com

APPLICATION FOR CREDIT ACCOUNT

Company Name _____
dba Name _____
Duns#(Dun & Bradstreet) _____

Registered Address _____
_____ Zip Code _____
Telephone Number _____ Fax Number _____

Operational Address _____
_____
A/P Contact _____ Telephone Number _____
_____

How Long Trading? _____ Type of Company _____
Federal Tax ID _____ Date of Incorp. _____
Sales Tax ID _____
State-issued sales tax exemption certificate number _____

Bank Details:
Name of Bank _____ Account Name _____
Bank Address _____ Account Number _____
_____ Sort Code _____

References: Please provide two current Trade References to whom we may apply:

1st Reference
Contact Name _____
Company _____
Address _____
_____
Tel Number _____

2nd Reference
Contact Name _____
Company _____
Address _____
_____
Tel Number _____

Also supply the following information: EIN# or W-9 Form

Monthly Credit Required US $ _____

DECLARATION
I hereby apply to open a credit account with Sandler Seating. I certify that the above information is correct. I further agree to allow you to approach our bankers for reference purposes should you deem it necessary and our bankers should accept this as authorisation to do so.

TERMS: PAYMENT 30 DAYS FROM DATE OF INVOICE.

NAME	SIGNED	POSITION	DATE

[in accordance with Bank Mandate]