



Customer Application

Application Information:

Date: _____

Type of application: Dealer General

Check *Dealer* if the business is a reseller or installer of equipment. Check *General* if the business only uses the products.

Terms applying for: COD/Cash/Credit card

Card number: _____ Exp. _____

COD/Company check In Advance

Credit (Net terms if qualified)* Credit (Net terms only)*

*Techni-Lux reserves the right to grant terms at its discretion. Credit processing may take up to three weeks depending on your bank and reference response times. Some companies may require a *Personal Guaranty* to be on file for approved credit. Companies outside the United States only qualify for Credit Card or In Advance terms.

Company Information:

Legal Company Name: _____

Address: _____

City, State, Zip: _____

Country: _____

Phone: _____ Fax: _____

Contact Person: _____

Email: _____

Website: _____

Shipping Address if different:

Name: _____

Address: _____

City: _____

State, Zip: _____

Contact Person: _____

Email: _____

Check box if residential address

Representative's Firm: _____ Inside Contact: _____

How did you find us? _____ Order pending? Yes No

Business Type: Please check one

Corporation

in the State of: _____

Corporate EIN/FIN: _____

Sole-Proprietorship

Social Security #: _____

Partnership

FIN #: _____

Tax Exemption: Resale/Permit Number/Use Number: _____

Dun & Bradstreet rated/listed number: _____

Primary Business: _____ Years in Business: _____ How long at present address: _____

Please check all that apply:

Licensed contractor/installer Technicians available Retail store front

Rental inventory available Consume purchased products Showroom available

Accounting Information:

Accounts payable contact: _____ Phone: _____

Name of Purchasing Agent(s): _____

Are purchase order numbers required? Yes No Purchase orders accepted: Verbal Written Both

Estimated monthly purchases: _____ Credit amount desired: _____

*THIS FORM MUST BE **COMPLETED IN FULL** AND APPROVED BEFORE ANY PURCHASE CAN BE MADE FROM TECHNI-LUX. ORIGINAL COPY MUST BE MAILED INCLUDING A COPY OF BUSINESS LICENSE, RESALE/TAX CERTIFICATE AND PRINCIPALS DRIVER'S LICENSES. Faxing documents will only grant temporary status to begin process; original copies will be necessary for final approval. ALL AUTHORIZED DEALERS MAY BE ABLE TO PURCHASE BY COD CASH, CASHIER'S CHECK OR CREDIT CARD UNTIL TERMS HAVE BEEN ESTABLISHED.

| Internal Accounting Use Only | T: | A: | AP: | D: | C: | PL: | ID: |
|------------------------------|----|----|-----|----|----|-----|-----|
| | | | | | | | |



Customer Application

Company Name: _____

Principals' Information: Please list all officers, partners and/or owners.

Name: _____
 Title: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____
 Social Security #: _____
 Driver's License #: _____
 State Issued: _____

Name: _____
 Title: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____
 Social Security #: _____
 Driver's License #: _____
 State Issued: _____

Bank Reference:

Name of Bank: _____ Contact: _____
 Account Number: _____ Type of Account: _____
 Address: _____
 Phone: _____ Fax: _____

Trade References: Please provide at least three references. List additional on separate page.

Name: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____
 Fax: _____
 Account #: _____
 Terms: _____

Name: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____
 Fax: _____
 Account #: _____
 Terms: _____

Name: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____
 Fax: _____
 Account #: _____
 Terms: _____

I/We hereby certify all information to be true and correct. The undersigned warrants that the individual(s) executing this application are authorized by the applicant to do so and bind the applicant to the obligations set forth. I/We authorize all references listed to release any necessary information to Techni-Lux, Inc. for confidential use in processing our application.

Signature: _____ Title: _____ Date: _____

Printed name: _____

Signature: _____ Title: _____ Date: _____

Printed name: _____

Applicant's signature certifies financial responsibility, ability and obligation to pay our invoices in agreement with our terms and conditions. I/We understand that an interest rate of 1.5% monthly will apply to any past due invoices and that a service charge of \$30.00 will apply to any returned NSF checks. I/We agree to pay reasonable attorney's fees and cost in the event legal action is required to enforce, interpret this agreement, or collect in suit for monies due to Techni-Lux, Inc. Any enforcement of collection shall be commenced or filed in Orange County, Florida and in accordance to Florida State Law. Techni-Lux, Inc. reserves the right to suspend or revoke credit and company check privileges on past due accounts and accounts which remain inactive for more than six months.