



### OPEN TERMS MEMBER APPLICATION

Company Name (Legal name) : \_\_\_\_\_

Trade Name (if different than legal name) : \_\_\_\_\_

Email : \_\_\_\_\_

Mailing Address : \_\_\_\_\_

City : \_\_\_\_\_ County : \_\_\_\_\_

State : \_\_\_\_\_ Zip Code : \_\_\_\_\_

Business Telephone : \_\_\_\_\_ Business Fax : \_\_\_\_\_

Credit Line Requested : \_\_\_\_\_ \*\*\*If over \$5,000, please attach current financial statement.

Initial Order Amount : \_\_\_\_\_ If referred, specify : \_\_\_\_\_

Number of Years in Business : \_\_\_\_\_ DUNS # \_\_\_\_\_

Sales Tax Exempt Number : \_\_\_\_\_ \*\* (Must include copy for account)\*\*

Legal Form of Business : Corporation :  Partnership :  Proprietorship :

Please define the company as follows: (Please check all that apply)

Promotional/Motivational Products :  Advertising agency :  Marketing Company :

Other, specify : \_\_\_\_\_

If applicable, ASI# : \_\_\_\_\_ PPAI# : \_\_\_\_\_ Sage# : \_\_\_\_\_

Other Industry (please specify) : \_\_\_\_\_ # : \_\_\_\_\_

What product(s) does your company resell? \_\_\_\_\_

Has this Company or any Officers, Directors or Owners of this Company ever filed Voluntary Petition of Bankruptcy, been adjudged bankrupt or made an assignment for the benefit of creditors? \_\_\_\_\_

\*\*\*If yes, state who and when. \_\_\_\_\_

Has a Tax Lien or Civil Suit been filed against the Applicant or any of its Officers, Directors or Owners within the past 5 years? \_\_\_\_\_

Are all taxes owed by this Applicant to all taxing authorities current? \_\_\_\_\_

Please select your User ID & Password to be used for your dealer access:	<b>User ID :</b> <input type="text"/>	<b>Password :</b> <input type="text"/>
	<small>Min 4, Max 10, Letters and/or Numbers only</small>	<small>Min 4, Max 10, Letters and/or Numbers only</small>

All statements made herein are true and accurate to the best of our knowledge.

Authorized Applicant Signature : \_\_\_\_\_

Print Applicant Name : \_\_\_\_\_

Title : \_\_\_\_\_ Date : \_\_\_\_\_




**NAMES OF PRINCIPALS**

Name : \_\_\_\_\_ Title : \_\_\_\_\_  
Name : \_\_\_\_\_ Title : \_\_\_\_\_  
Accounts Payable Manager : \_\_\_\_\_ Phone/Ext.# : \_\_\_\_\_

**BANKING INFORMATION**

Bank Name : \_\_\_\_\_ Bank Contact : \_\_\_\_\_  
Phone : \_\_\_\_\_ Fax # : \_\_\_\_\_  
Address : \_\_\_\_\_ City : \_\_\_\_\_ State : \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Checking Acct. #: \_\_\_\_\_ Loan #: \_\_\_\_\_  
Savings Acct. # : \_\_\_\_\_

All Statements made herein are true and accurate to the best of our knowledge. We hereby indemnify the above Company and its Agents, from any liability resulting from their credit survey. Payment terms are prepaid unless Net 30 terms were established. The minimum order is \$100.00 net. Overdue Accounts will be subject to Finance Charges. Prices are F.O.B. factory. Customer is responsible for furnishing complete shipping instructions.

Authorized Applicant Signature :  \_\_\_\_\_  
Print Applicant Name : \_\_\_\_\_  
Title : \_\_\_\_\_ Date : \_\_\_\_\_



## TRADE REFERENCES

(1) Account # : \_\_\_\_\_ Fax # : \_\_\_\_\_  
Name : \_\_\_\_\_ Telephone # : \_\_\_\_\_  
Address : \_\_\_\_\_  
City : \_\_\_\_\_ State: \_\_\_\_\_ Zip Code : \_\_\_\_\_

(2) Account # : \_\_\_\_\_ Fax # : \_\_\_\_\_  
Name : \_\_\_\_\_ Telephone # : \_\_\_\_\_  
Address : \_\_\_\_\_  
City : \_\_\_\_\_ State: \_\_\_\_\_ Zip Code : \_\_\_\_\_

(3) Account # : \_\_\_\_\_ Fax # : \_\_\_\_\_  
Name : \_\_\_\_\_ Telephone # : \_\_\_\_\_  
Address : \_\_\_\_\_  
City : \_\_\_\_\_ State: \_\_\_\_\_ Zip Code : \_\_\_\_\_

(4) Account # : \_\_\_\_\_ Fax # : \_\_\_\_\_  
Name : \_\_\_\_\_ Telephone # : \_\_\_\_\_  
Address : \_\_\_\_\_  
City : \_\_\_\_\_ State: \_\_\_\_\_ Zip Code : \_\_\_\_\_

(5) Account # : \_\_\_\_\_ Fax # : \_\_\_\_\_  
Name : \_\_\_\_\_ Telephone # : \_\_\_\_\_  
Address : \_\_\_\_\_  
City : \_\_\_\_\_ State: \_\_\_\_\_ Zip Code : \_\_\_\_\_