

# SANDLERSEATING

1201 Peachtree Street NE  
Suite 1625  
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** \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Zip Code \_\_\_\_\_  
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:

<b>1<sup>st</sup> Reference</b>	<b>2<sup>nd</sup> Reference</b>
Contact Name _____	Contact Name _____
Company _____	Company _____
Address _____	Address _____
Tel Number _____	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.**

<b>NAME</b>	<b>SIGNED</b>	<b>POSITION</b>	<b>DATE</b>
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\_\_\_\_\_  
[in accordance with Bank Mandate ]