



Dealer Application

Preferred email for acknowledgements: _____
Preferred email invoices: _____

Application for an account

Company Name: _____
Address: _____
Telephone: _____ Fax: _____
Email Address: _____
Accounts Payable: _____

Years in Business: _____ Credit Requested: _____
TIN #: _____
BANK REFERENCE:
Name: _____
Address: _____
Account Number: _____
Contact: _____
Telephone: _____ Fax: _____

TRADE REFERENCE (minimum of 3) - To enable processing, Fax numbers must be included

Name: _____
Address: _____
Telephone: _____ Fax: _____
Name: _____
Address: _____
Telephone: _____ Fax: _____
Name: _____
Address: _____
Telephone: _____ Fax: _____

Terms: Orders are shipped OAC under regular terms of Net 30 unless otherwise stated.
By signing below, I agree to the above terms and give authorization to our Bank and Trade References to release credit information on our company to Symmetry Office or a third party company acting on behalf of Symmetry Office.

Authorized Signature: _____
Date: _____

PO Box 48376 Tampa, FL 33646 Phone: (813) 973-3230 Fax: (480) 393-4000

Website: www.symmetryoffice.com