



**symmetry**  
WORK IN MOTION

## Dealer Application

Please send in the following items:

- 1: Preferred acknowledgment and email addresses
- 2: Current resale certificate
- 3: Current W9
- 4: This application completed & signed
- 5: Email this application W9 & resale to: orders@symmetryoffice.com  
cc: leah@symmetryoffice.com

**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: \_\_\_\_\_

**PLEASE PROVIDE AN EMAIL ADDRESS FOR CONTACT:** \_\_\_\_\_

Name: \_\_\_\_\_

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

**PLEASE PROVIDE AN EMAIL ADDRESS FOR CONTACT:** \_\_\_\_\_

Name: \_\_\_\_\_

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

**PLEASE PROVIDE AN EMAIL ADDRESS FOR CONTACT:** \_\_\_\_\_

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:** \_\_\_\_\_

7818 Depot Lane, Tampa, FL 33637

Phone: (888) 552-5699

Fax: (480) 393-4000

[www.symmetryoffice.com](http://www.symmetryoffice.com)