

# Credit/Dealer Application

ACCOUNT #: \_\_\_\_\_

Accounts Receivable Department  
800 Route 71, Spring Lake Heights, NJ 07762  
Phone: 732-449-4211 • Fax: 732-449-4517  
Email: credit@wintronelectronics.com



NAME/ADDRESS  Order Pending

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Legal Name of Business: \_\_\_\_\_ Tax I.D. Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

## COMPANY INFORMATION

Type of Business: \_\_\_\_\_ In Business Since: \_\_\_\_\_

Legal Form Under Which Business Operates:  Corporation  Partnership  Proprietorship

If Division/Subsidiary, Name of Parent Company: \_\_\_\_\_

Company Principal Responsible for Business Transactions: \_\_\_\_\_ Title \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Accounts Payable Contact:** \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Sales Contact:** \_\_\_\_\_ Email: \_\_\_\_\_

## BANK INFORMATION

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Checking Account Number: \_\_\_\_\_

Account type requested:  COD  Open  Credit Card

## TRADE REFERENCES (Do not include boat or engine manufacturers)

•Company Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

•Company Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

•Company Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**To help us better serve your needs, please tell us what type of business you operate:**

Store  Catalog Sales  E-Bay Seller (User name: \_\_\_\_\_)

E-Commerce (Website address: www. \_\_\_\_\_)

Installation and repairs  Other: \_\_\_\_\_ **\*PLEASE COMPLETE TAX FORMS**

**\*PLEASE NOTE THAT CREDIT APPLICATIONS CANNOT BE PROCESSED WITHOUT THE CORRECT COMPLETED TAX FORMS.**

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein. I agree to personally guarantee full and prompt payment of any debts incurred by our firm.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_