



DEALER APPLICATION FORM

101 Main Street – Superior, WI 54880
 PH: 800.282.4868 FAX: 715.395.9959
www.feradyne.com

BUSINESS	BUSINESS NAME			ACCOUNT NUMBER <i>OFFICE USE ONLY</i>
	BILLING ADDRESS (STREET)		(CITY)	(STATE) (ZIP)
	PHONE	FAX	E-MAIL	
	SHIPPING ADDRESS (if different from above)			
	HOURS OF OPERATION / DELIVERY HOURS			LIFTGATE NEEDED (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No
	YEARS IN BUSINESS	NO. OF EMPLOYEES	TYPE OF OWNERSHIP (check one) <input type="checkbox"/> LLC <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	
	ACCOUNT TYPE (check one) <input type="checkbox"/> Credit Card/Wire/Prepaid <input type="checkbox"/> Net 30 Days		TRADE ORGANIZATION MEMBERSHIP(S)	MEMBERSHIP NUMBER(S)
OWNERSHIP	NAME 1		TITLE	DAYTIME PHONE
	HOME ADDRESS (STREET)		(CITY)	(STATE) (ZIP)
	NAME 2		TITLE	DAYTIME PHONE
	HOME ADDRESS (STREET)		(CITY)	(STATE) (ZIP)
SUPPLIERS	COMPANY NAME	ACCOUNT NO.	PHONE NO.	FAX NO.
BANK	BANK NAME	ACCOUNT NO.	ACCT. TYPE <input type="checkbox"/> Ckg. <input type="checkbox"/> Loan	PHONE/FAX
			<input type="checkbox"/> Ckg. <input type="checkbox"/> Loan	

PERSONAL GUARANTEE – MUST BE SIGNED IF TERMS ARE DESIRED

For value received, including merchandise, services, or other valuable consideration, I hereby unconditionally guarantee at all times full and prompt payment upon demand of any indebtedness which has been incurred under this agreement. I understand this to mean that I will personally guarantee payment of all debts, obligations and collections costs under this agreement. All checks returned for Not Sufficient Funds (NSF) will be charged a \$30.00 fee.

DATE SIGNED BY PRINT NAME

DATE SIGNED BY PRINT NAME

PLEASE READ AND SIGN THE FOLLOWING STATEMENT AFTER YOU HAVE COMPLETED APPLICABLE SECTIONS ABOVE

You are authorized to contact parties indicated on this application for verification. For purposes of obtaining credit, I/we certify that the information given on this application is true and accurate, and any financial information submitted correctly reflects our financial condition. I/we agree to pay all invoices within stated terms and to pay service charges on amounts paid after invoice due dates at a rate of 1.5% per month, or the maximum allowable rate, whichever is less. In the even a suit is instituted to collect amounts owing to you and a judgement is rendered in your favor, I/we agree to pay court costs, collections costs, and reasonable attorney fees. I/we have read this agreement and a copy has been made available to me/us or is available upon request from the credit department.

DATE SIGNED BY PRINT NAME

DATE SIGNED BY PRINT NAME

**MONTANA
DOES NOT
HAVE A SALES
& USE TAX**