

Dealer Application

Date: _____

1. COMPANY PROFILE

Name of Firm: _____

Tel: _____ Email: _____

Street Address: _____ FAX: _____

City: _____ State: _____ Zip: _____

We are set-up as a: [] Proprietorship [] Partnership [] Corporation

Name & Home Address of Proprietor or of Partners (Please Print)

a. Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ Drivers License #: _____

b. Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ Drivers License #: _____

If Corporation, Officers' Names:

President: _____

Buyer: _____

Payables: _____

Date Business Established: _____ How long at present location: _____

Federal Tax ID #: _____ Resale Number: _____

2. BANK REFERENCES

Name: _____ Tel: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip: _____

Type and Number of Account: [] Checking [] Savings

3. TRADE REFERENCES

a. Name: _____ Tel: _____

Address: _____

City: _____ State: _____ Zip: _____

FAX: _____ Credit limit: _____

b. Name: _____ Tel: _____

Address: _____

City: _____ State: _____ Zip: _____

FAX: _____ Credit limit: _____

c. Name: _____ Tel: _____

Address: _____

City: _____ State: _____ Zip: _____

FAX: _____ Credit limit: _____

The above merchandise is property of Escan unless fully paid. Customer shall be responsible for all legal and collection fees in regard to this account. No returns allowed without RMA number. No refunds allowed after 30 days from the date of invoice. There will be a \$25 charge for any returned checks. 1.5% finance charge will be applied to any invoice which is past due. There will be a \$30 diagnosis charge for items returned as defective and test good.

AUTHORIZED SIGNATURE: _____ TITLE: _____ DATE: _____

