



# Poly Tech Industries, Inc.

P.O. Drawer 349 / Monticello, GA 31064 / 800.542.7659  
 Fax: 706.468.2881

## Dealer Application

Requesting Credit

We wish to open an account with your company and submit the following confidential information to enable you to obtain a credit history for that purpose.

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Corporation  Partnership  Proprietorship  Years Established: \_\_\_\_\_

Area Served \_\_\_\_\_

Approx. # of Customers \_\_\_\_\_

Other Products Represented \_\_\_\_\_

Person Making Application \_\_\_\_\_

Principals (Names of Officers or Owners)	Position

Federal Tax ID Number: \_\_\_\_\_

! We are required by law to charge sales tax if not furnished with your Fed. Tax ID !

Trade/Credit Reference	Phone Number	Contact
1.	AC( )	
2.	AC( )	
3.	AC( )	
Bank Reference	Phone Number	Contact
1.	AC( )	
2.	AC( )	

Do Not Write Below - For Office Use Only				
No.	High Credit	Years Credit Established	Credit Standing	Remarks
1.				
2.				
3.				
Poly Tech Source Code:		Approved:		Date:
Authorized By: _____				