



ACCOUNT APPLICATION



ORIGINAL () RENEWAL ()

BUSINESS OFFICES: 129 Manchester Street, P.O. Box 504, CONCORD, NH 03302-0504 Tel 603-225-4000 Fax 603-226-0479

IMPORTANT: ALL fields listed below must be filled in. Applications with improper and inadequate information will be returned to the applicant.

APPLICATION TYPE: CREDIT () CASH () STATEMENT FREQUENCY: MONTHLY () WEEKLY ()

SANEL / ASA REPRESENTATIVE YOU ARE DEALING WITH _____

SANEL STORE LOCATION CLOSEST TO YOU _____ (ASA CHECK HERE) _____

Registered Legal Name of Business _____

Street _____ City _____ State _____ Zip _____

Tel (_____) _____ Fax (_____) _____ Cell (_____) _____

Email _____

Type of Business (Check one): Sole Proprietor () Partnership () Corporation () LLC () Municipality ()

Do you require a purchase order? Yes () No () How long in business? _____ years _____ months

Tax Exempt? Yes () No () If yes, please include tax exempt certificate / Appropriate state form

Ever filed for bankruptcy? Yes () No () Name of bankrupt business & year: _____

Send my statements via email? Yes () No () Email an invoice copy at the point of sale? Yes () No ()

Primary Contact for Accounts Payable Email Address Telephone

Other Contact (Service Writer/Shop Foreman etc.)

Owner's name Home Address (Street, City, State, Zip) Telephone

LIST "SHIP TO" ADDRESSES (attach addendum if needed):

Table with 5 columns: Location Name, Street, City, State, Zip

Bank References:

Business Checking Bank Address Account #
Personal Checking Bank Address Account #

Trade References: Address Telephone

PLEASE SIGN REVERSE SIDE

