



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

