



Div. Tower Products, Inc.
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TYPE OF CREDIT REQUESTING CHECK ONE:
<input type="checkbox"/> Credit Card/Check
<input type="checkbox"/> Net 20 Open Acct.

Please Print or Type USA & CANADIAN DEALER APPLICATION

You Must Complete all Sections or this Form will be RETURNED. SIGNED CERTIFICATE OF RESALE MUST ALSO BE ATTACHED.

I Prefer Paperless Billing **Net 20 Open Account / Desired Amount: \$ _____**

Billing E-Mail Address * _____

Name of Firm _____ Corporation Partnership Proprietorship LLC
 Street _____ Subsidiary of _____
 P.O. Box _____ Type of Business _____
 City _____ State _____ Zip _____ Resale/Sales Tax No. _____
 Country USA CANADA SS# _____ Or F.E.I.N. _____
 Phone _____ Fax: _____ Purchasing Name _____
 Website(s) - ALL _____ Purchasing Phone _____
 # Of Years In Business _____ # Of Employees _____ Purchasing Email _____
 Other Locations? Yes No If Yes, How Many? _____ Accts. Payable Name _____
 How Did You Hear About TECNEC Distributing? _____ Accts. Payable Phone _____
 _____ Accts. Payable Email _____

Business Operates From Own Building Office Building Home Other _____

What TecNec Products Are You Interested In? _____

IMPORTANT! Please provide your Company Profile or internal contact information (sales, purchasing etc.) so we may keep you updated with new products and literature. Authorized Dealers can log in to our web site for the latest prices.

* Although I have provided my e-mail, I **do not** wish to receive promotional e-mails sent by TecNec.

Please List a MINIMUM OF TWO Manufacturers/Distributors for Which You are a Dealer, Contractor or Installer With Whom You Currently Have Open Account Terms. (Required)

1. Company _____	2. Company _____
Account # _____	Account # _____
Phone & Fax _____	Phone & Fax _____
Contact _____	Contact _____
Email Address _____	Email Address _____

Please Provide Banking Information

Name of Bank _____
 Bank Contact _____
 Bank Phone # _____
 Bank E-mail Address _____

Has the firm or any of its principals ever been Bankrupt? Yes No

If Yes, explain _____

Any misrepresentation in this application will be considered evidence of fraud, since this information is the basis for the extending of credit. As an inducement to grant credit, the undersigned warrants that the information submitted is true and correct. You are authorized to investigate the credit references and principals listed.



CONTINUED:

In consideration for the extension of credit, said business promises to pay for all purchases within the terms agreed (Net 20) and agrees to pay a service charge per month of 1-1/2% per month (18% annual percentage rate) on all past due balances. In the event any third parties are employed to collect any outstanding monies owed by said business the undersigned agrees to pay reasonable collection costs, including attorney fees, whether or not litigation has commenced, and all costs of litigation incurred. The undersigned represents that he/she has the authority to execute this credit agreement on behalf of the business identified.

_____	_____
(Name of Business)	(Title)
_____	_____
(Print Name)	(Signature)

Personal Guarantee

In consideration for TecNec Distributing extending credit to the business identified below for any materials and/or services after this date at the request of applicants or its agents, the undersigned individual hereby personally guarantees unconditionally and irrevocably the prompt payment of any sums now or hereafter owed to TecNec Distributing by the business identified below whether said sums are due under open account, contract or otherwise.

It is understood and agreed that credit, if extended, is to be on a continuing basis and may exceed estimated maximum credit limit required as stated in the credit agreement between TecNec Distributing and the business. TecNec Distributing shall not be obligated to notify the undersigned of the dates or amounts of any such credit and the undersigned waives demand, notice of default and any extension of time or any other forbearance which may be extended by TecNec Distributing.

This guaranty shall continue in force until notice in writing, sent by registered or certified mail, return receipt requested is received by TecNec Distributing. Said notice shall specify the date on which this guaranty is to be terminated; said date not to be less than seven days after such notice is received. Such termination shall in no way release the undersigned as to any sum or debt incurred prior to such termination.

Date _____

Name _____ (Name of person guaranteeing payment, NO TITLE)

Home address _____

Home Phone # _____

SS# _____

Signature of person guaranteeing payment _____

Name of Business whose account is guaranteed _____



Terms and Conditions:

All Net 20 account customers are required to keep an updated credit card on file with TecNec Distributing as a backup payment source for the account in the event that any invoices become more than 60 days past due. A representative will contact you by phone to securely acquire your Credit Card information.

Although security may be a concern, your CID information will not be stored. Only PAN information is kept on file in a password protected database.

I certify that all statements made by me in this application are correct to my knowledge. I authorize TecNec Distributing to investigate & verify the information I have provided herein. **I have read and accept the Terms & Conditions** required to become an Authorized TecNec Dealer: <http://www.tecnec.com/guarantee.asp>

Signature _____	Title _____
Name (Print) _____	Date _____

Open account privileges are pending our credit approval.

