

SEATTLE ELECTRONICS

A DIVISION OF AUTO PRODUCTS CORPORATION

CUSTOMER APPLICATION (page 1 of 2)

LEGAL NAME: _____
DBA/TRADE NAME: _____
BILLING ADDRESS: _____
CITY, STATE, ZIP: _____
SHIPPING ADDRESS: _____
CITY, STATE, ZIP: _____
PHONE#: _____ **FAX#:** _____ **EMAIL:** _____
FED ID#: _____ **STATE ID#:** _____

YOUR BUSINESS IS A: CORPORATION () PARTNERSHIP () LTD. PARTNERSHIP () PROPRIETORSHIP ()
STATE OF INCORPORATION: _____ YEAR BUSINESS ESTABLISHED: _____

OWNER/PRINCIPLE: _____ **PHONE:** _____ **EMAIL:** _____
PURCHASING: _____ **PHONE:** _____ **EMAIL:** _____
ACCOUNTS PAYABLE: _____ **PHONE:** _____ **EMAIL:** _____

PLEASE LIST ALL CORPORATE OFFICERS (NAME, ADDRESS, PHONE & SOCIAL SECURITY NUMBER)

1. _____
2. _____
3. _____

TERMS REQUESTED:

2% 10 DAYS NET 30: _____ COD – CHECK: _____

PURCHASE ORDER NUMBER REQUIRED ON ALL SALES? YES: _____ NO: _____

TRADE REFERENCES

SUPPLIER: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
FAX, PHONE#: _____

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CITY, STATE, ZIP: _____
FAX, PHONE#: _____

For internal routing use only.

Credit Manager: _____ Operations: _____ Marketing: _____ Customer Service: _____

SE Manager: _____ Terms Given: _____ Date Updated: _____

Sales Agency Assigned: _____ Sales Person Assigned: _____