



DEALER CREDIT APPLICATION AND AGREEMENT

Business Name: _____ Years in Business _____

DBA (if any): _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ Fax: _____

Email: _____ ASI or PPAI or SAGE: _____

Accounts Payable Contact Name: _____ Telephone: _____

A/P Email: _____

Check One: Individual Partnership LLC Corporation State of Corporation: _____

Federal ID #: _____ Tax Exempt? Tax Exemption #: _____

(please attach copy of W9 form) (if yes please provide copy of Exemption Certificate)

Credit Line Desired: \$ _____ PO Required? Yes No

Has your company ever been or is now a debtor in a bankruptcy proceeding? Yes No

Has any judgment ever been entered against your company? Yes No

Are there any legal actions or arbitrations pending against your company at this time? Yes No

PLEASE PROVIDE 3 BUSINESS REFERENCES: (OR PROVIDE SEPARATELY)

1) Company: _____ Contact: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____ Phone: _____

2) Company: _____ Contact: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____ Phone: _____

3) Company: _____ Contact: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____ Phone: _____

BANK REFERENCE:

Bank Name: _____ Contact: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____ Phone: _____

info@idline.com • www.idline.com

7145 Boone Avenue, Suite 100 • Brooklyn Park, MN 55428

Phone (800)779-5612 or (763)544-7326 • Fax (800)779-0450 or 763-542-1819

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TERMS & CONDITIONS

I certify that this information is correct, accurate and complete and that we are solvent and able to pay for all products and services provided. I understand that Seller will rely on this information for extension of credit. Applicant recognizes that Seller may from time to time obtain Credit Reports and/or information for the purpose of extending open terms. I grant permission to investigate the references, including commercial and consumer credit checks.

Applicant agrees to pay for all purchases according to the terms of Seller. No other credit terms or condition of purchase orders different from the terms of the Seller will become part of any sales agreement, purchase orders, or other documents unless specifically approved in writing by Seller. Conditions for freight shall be F.O.B. Seller's dock(s) unless otherwise noted and approved in writing by Seller. No items will be accepted for return without prior approval and all orders are subject to a restocking fee subject to the discretion of Seller. Seller will allow no deduction unless otherwise approved in writing by Seller. Payments may be applied against balances at the discretion of Seller. Seller may revoke at its discretion the credit availability and for whatever reason, as it deems appropriate. Seller may raise and lower credit limits at its discretion without notice to Applicant. In the event of any dispute over any balances owed by Applicant to Seller, Seller will refrain from assessing any service charges and any collection activity until it is determined whether or not the amount is legitimately owed. If it is determined the amount is accurate, Seller reserves the right to assess service charges from the original date at the discretion of the Seller.

The Person signing this Agreement certifies that they have read and agree to all of the foregoing, and that all of the information contained herein and provided in this application and any attachments is true and correct to the best of their information, knowledge and belief.

Applicant:

Signature: _____

Title: _____

Company: _____

Date: _____

Send this form directly to our
credit staff: credit@idline.com
or fax 763-542-1819.

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CREDIT CARD PAYMENT

Complete the following information, authorizing us to complete your credit card transaction:

BILLING ADDRESS (must match the address that your credit card statement is mailed to):

Contact Name

Company

Address

City/State/Zip

Phone () _____

Fax () _____

ASI _____ PPA _____ SAGE _____ UPIC _____ Customer # _____
(One industry number must be provided)

VISA, MASTERCARD OR AMEX INFORMATION:

Credit Card Number Expiration Date CVC2 (last 3 or 4 digits listed on back of card)

Cardholder Name (printed)

Cardholder Signature

Customer Number

Order or Invoice Number

Amount \$

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