



## **RETAIL DEALER APPLICATION for Credit Terms**

*All information will be kept in strict confidence and used only by ACK LLC. THIS APPLICATION CAN BE REJECTED DUE TO INCOMPLETE ANSWERS TO THE FOLLOWING QUESTIONS. Allow 2 business days for processing time.*

Full Company Name \_\_\_\_\_ DBA \_\_\_\_\_

Bill To \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Web \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ e-mail \_\_\_\_\_

Ship To \_\_\_\_\_

How long in Business? \_\_\_\_\_ How Long at Current Address? \_\_\_\_\_

Form of Organization (Check One): [ ] Proprietorship [ ] Partnership [ ] Corporation [ ]

Principals of Firm: If a Corporation, Please Name the President and Vice President.

If a Proprietorship/Partnership, Please list ALL Partners.

President or Owner's Name: Social Security # \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Home Phone \_\_\_\_\_

Owner's Home Address \_\_\_\_\_

Vice President or Partner Name, If Applicable: Social Security # \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_

Authorized Purchasing Agents:

Names & Titles \_\_\_\_\_

Are purchase orders required? \_\_\_ Yes / \_\_\_ No Are backorders accepted? \_\_\_ Yes / \_\_\_ No

Credit Limit Sought \$ \_\_\_\_\_ .

Bank Reference:

Name \_\_\_\_\_ Acct. No. \_\_\_\_\_ Contact \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Trade References (Please Give Three Current Credit References with Complete Addresses and Fax Numbers):

1. Name \_\_\_\_\_ Acct. No. \_\_\_\_\_ Contact \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

\_\_\_\_\_

2. Name \_\_\_\_\_ Acct. No. \_\_\_\_\_ Contact \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

3. Name \_\_\_\_\_ Acct. No. \_\_\_\_\_ Contact \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

**Confirmation of Information: Accuracy and Release of Authority to Verify**

I hereby certify that the information in this Application for Open Account is correct. The information included in this Credit Application is for use by ACK LLC in determining the amount and conditions of credit to be extended. I understand that ACK LLC may also utilize the other sources of credit which it considers necessary in making this determination. Further, I hereby authorize the Bank and Trade References listed in this Credit Application to release the information necessary to assist ACK LLC in establishing a line of credit. I promise to pay for each purchase within the assigned terms and abide by the published ACK LLC Terms and Conditions of Sale. For all accounts past due, I agree to 2% service charge on the unpaid monthly balance, which is an annual percentage rate of 24%. Default will occur if payment due is not received within sixty (60) days after the date of the invoice. I further assume responsibility for all purchasing agents and employees of the undersigned until written notice to the contrary is given.

Name \_\_\_\_\_ Title \_\_\_\_\_

On \_\_\_\_\_, \_\_\_\_\_ . By \_\_\_\_\_

Signature (Principal of Firm)

Send Payments to: **ACK LLC**  
5657 45<sup>th</sup> Street  
West Palm Beach, FL 33407 USA

Phone: 561.863.5191

**Submit completed application along with a copy of sales license to:**

fax 561-863-3277 or email [info@ackUNIVERSAL.com](mailto:info@ackUNIVERSAL.com)