



POLAR • CRETE®

A
Division
of Quality
Systems, Inc.

DEALER APPLICATION

DATE _____

COMPANY NAME _____ STREET ADDRESS _____

CITY _____ STATE _____ COUNTRY _____ ZIP CODE _____ PHONE NO. _____

EMAIL ADDRESS _____

TYPE OF BUSINESS CORPORATION PARTNERSHIP INDIVIDUAL OTHER

NO. YEARS ESTABLISHED _____ BUS. FED. I.D. # _____

IF A BRANCH OFFICE OR A DIVISION GIVE NAME OF PARENT COMPANY AND HOME OFFICE } OWNER SOC. SEC. # _____

FAX # _____

CREDIT CARD # _____

PRINCIPAL OWNERS - STOCKHOLDERS - PARTNERS - OFFICERS OF COMPANY				
NAME	HOME ADDRESS	CITY, STATE, ZIP	PHONE NO.	TITLE

LIST PERSONS AUTHORIZED BY YOUR COMPANY TO MAKE PURCHASES

1. _____ 2. _____

TRADE REFERENCES			
COMPANY NAME	ADDRESS	CITY	STATE
1.			
2.			
3.			

CUSTOMER REFERENCES			
COMPANY NAME	ADDRESS	CITY	STATE
1.			
2.			
3.			

BANK REFERENCES			
BANK NAME	CITY	STATE	CONTACT
1.			
2.			

SIGNATURE OF APPLICANT AUTHORIZING CREDIT REPORT _____

PRINT NAME _____