



Account Application

Office Use Only:

Customer #: _____

Salesman #: _____

Name: _____

To expedite the processing of your application, please complete all areas of this application. We will notify you if there are any delays caused by lack of response by your credit references. Thank You!

Company	Company Legal Name _____	Federal ID # _____
	DBA if applicable _____	PO Required Y or N (circle one)
	Address: _____	
	City: _____	State: _____ Zip: _____ County: _____
	Accounting Contact: _____	Phone # _____
	Purchasing Contact _____	Phone # _____
	Fax # _____	Email: _____
	Ship to Address _____	
	Is this address: Commercial Residential (circle)	Date Company Established _____
	Low Voltage License # _____	Dun & Bradstreet # _____
	Terms Requested:	<input type="checkbox"/> Net 30 <input type="checkbox"/> COD (Co. check) <input type="checkbox"/> COD (Cash, certified check, or money order) <input type="checkbox"/> Credit card (use card on page 2 of application)

Owners or Officers	Name: _____	Name: _____
	Title: _____	Title: _____
	SS #: _____	SS #: _____
	Drivers License# _____	Drivers License# _____

Bank Information	Bank Name: _____
	Address: _____
	City: _____ State: _____ Zip: _____
	Account: _____ Account Type: _____
	Account: _____ Account Type: _____
	Bank Contact: _____ Title: _____
	Phone # _____ Fax # _____
	Systems Distributors, Inc. has my permission to conduct a credit investigation including but not limited to bank and trade references and credit bureaus.
	Signed: _____ Title: _____

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Trade References <small>(Do not list credit card accounts. They do not share information Trade references only required for net terms requests.)</small>	Company Name: _____ Contact Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Account # _____ Phone # _____ Fax # _____
	Company Name: _____ Contact Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Account # _____ Phone # _____ Fax # _____
	Company Name: _____ Contact Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Account # _____ Phone # _____ Fax # _____

Please Do Not Collect Sales Tax From Us! We have attached a completed state resale certificate. (Without a form attached SDI will collect appropriate sales tax.)	Number: _____ State: _____
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I certify that all of the above information is true and correct. Upon approval of credit terms I acknowledge that all open account invoices are due on a net 30-day basis from date of invoice. I understand and agree that Systems Distributors, Inc. has my permission to conduct a credit investigation including but not limited to bank and trade references and credit bureaus. I agree that Systems Distributors, Inc. may assess a late payment fee of 1.5% per month to all past due invoice amounts. In addition, I agree to pay all attorney fees, collection agency fees, and other costs associated with their collection efforts. The laws of the state of Georgia shall govern our relationship and with regard to any law suits filed to collect any indebtedness pertaining to the application, it is agreed that the venue for such legal action shall be Gwinnett County, GA

If your check is dishonored by your bank, your account will be electronically debited for the amount of the check plus the maximum authorize collection fee.

In consideration of Systems Distributors, Inc. extending the under signed a line of credit or accepting company check or credit card as a form of payment, I personally and severally agree to be personally liable for the amounts owing to Systems Distributors, Inc. Also the undersigned agree that as an authorized signer, if this account goes out of terms, Systems Distributors, Inc. may apply any balance due in arrears to any and all credit cards used on the account including but not limited to the following credit card.

Credit Card # _____ Type: _____ Exp Date: _____
 Card Holders Name: _____

By: (signature) _____ Date: _____

(Print name) _____ Drivers Lic. # _____

By: (signature) _____ Date: _____

(Print name) _____ Drivers Lic. # _____