



PREFERRED DEALER CREDIT APPLICATION

Yes! I'd like to do business with Assistiva. I am submitting my application below for your consideration. A signature of an officer or an owner, partner or corporate officer is included.

Complete Business Name _____

Billing Address _____ City _____ State _____ Zip _____

Delivery Address (If different) _____ City _____ State _____ Zip _____

Telephone () _____ Fax () _____ Date Established _____

Primary Contact _____ Title _____

Email Address _____ Website www _____

Accounts Payable Contact _____ Email Address _____

Type of Ownership: Sole Proprietor Partnership Corporation LLC Other _____

In the past 3 years have you operated under any other names? _____

Resale Certificate # _____ (Please include a copy of Resale Certificate).

OWNER/OFFICER: Name _____ Title _____

Name _____ Title _____

REFERENCES (You may attach a prepared list). Amount of Credit requested \$ _____

Bank _____ Telephone () _____

Address _____ City _____ State _____ Zip _____

Person to Contact _____ Account # _____

TRADE _____ Contact Person Name _____

Telephone # () _____ Fax# () _____ Email _____

TRADE _____ Contact Person Name _____

Telephone # () _____ Fax# () _____ Email _____

TRADE _____ Contact Person Name _____

Telephone # () _____ Fax# () _____ Email _____

The undersigned authorizes Asssitiva, LLC to make such inquires as are necessary to obtain credit information and authorizes my/our bank to release information regarding my/our account(s). We promise to pay invoices when rendered due, including any finance/service charges based on the highest interest rate allowed by law. The undersigned agrees to pay reasonable attorney fees, costs and collection agency fees if it becomes necessary to file suit to enforce collections. The account will revert to a C.O.D. basis upon becoming past due. A fee of \$25.00 will be charged for return checks.

Signature _____ Title _____ Date _____

FAX CREDIT APPLICATION TO ASSISTIVA AT (619) 656-8439.