



SEWELLDIRECT.COM

ACCOUNTING

SEWELL DEVELOPMENT CORPORATION
3877 NORTH 200 EAST
PROVO, UT 84604
(801) 226-3794

Please email to: accounting@sewelldev.com

WAREHOUSE/CUSTOMER SERVICE

SEWELL DIRECT
3877 N 200 E.
PROVO, UT 84604
(800) 709-1345

BUSINESS ACCOUNT APPLICATION (NET 30 TERMS, MIN \$100 ORDER).

PLEASE NOTE THAT WE ONLY EXTEND CREDIT TO COMPANIES WITHIN THE USA. ALL CHECK PAYMENTS MUST BE FROM A US BANK

GENERAL INFORMATION

NAME & TITLE, COMPANY NAME, ADDRESS, CITY, STATE, ZIP, EMAIL, PHONE, FAX, NUMBER OF EMPLOYEES (checkboxes for 1-10, 11-35, 36-100, 100-200, 200+)

TYPE OF COMPANY/ORGANIZATION (CHECK ALL THAT APPLY)

- checkboxes for END USER, RESELLER, RETAILER, DISTRIBUTION, OTHER, CONTRACTOR, INSTALLER, INTEGRATOR, VAR, INTERNATIONAL IMPORTER, MANUFACTURER, SCHOOL/NON-PROFIT, MILITARY/GOVERNMENT

ANTICIPATED OPENING ORDER

- checkboxes for \$100-1000, \$1000-5000, \$5000-20000, \$20000+

ANTICIPATED ORDERS PER YEAR

- checkboxes for 1-10, 10-25, 25-50, 50+

GROSS ANNUAL REVENUE

- checkboxes for \$0-1M, \$1M-10M, \$10M-100M, \$100M-500M, \$500M+

PRODUCT CATEGORIES YOU ARE INTERESTED IN (CHECK ALL THAT APPLY)

- checkboxes for A/V CABLE, DATA CABLE, BULK CABLE, PC TO TV CONVERSION, HOME THEATER CONNECTIVITY, USB ADAPTERS, RACKS & CABINETS, DIGITAL SIGNAGE, NETWORKING, VIDEO CAPTURE, COMPUTER COMPONENTS, WIRELESS, OTHER

HOW DID YOU HEAR ABOUT US?

- checkboxes for WORD OF MOUTH, SEWELL PRINT CATALOG, TRADE SHOW, ONLINE SEARCH, WEBSITE, TV COMMERCIAL, RADIO COMMERCIAL, THROUGH DISTRIBUTORS, OTHER

ACCOUNTING/BILLING INFORMATION

(ORDER WILL NOT BE PROCESSED UNTIL CUSTOMER'S ACCOUNTING DEPT. HAS CONFIRMED PURCHASE ORDER.)

CONTACT NAME & TITLE _____ EMAIL _____

BILLING ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____

FEDERAL TAX ID # _____ BILLING EMAIL _____

INCORPORATED: Y/N STATE & YEAR _____ FAX _____

SIGNATURE REQUIRED BY CONTROLLER: WE AGREE TO PAY NET 30 TERMS _____

BANK & TRADE REFERENCES: (BANK AND TRADE REFERENCES CAN BE SUBSTITUTED WITH YOUR STANDARD DOCUMENTATION IF APPLICABLE)

BANK _____ EMAIL _____

BANK ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____

ACCOUNT NUMBER _____ CONTACT PERSON _____

COMPANY NAME _____ PHONE _____

STREET ADDRESS _____ FAX _____

CITY _____ STATE _____ ZIP _____ ACCOUNT # _____

CONTACT PERSON _____ EMAIL _____

COMPANY NAME _____ PHONE _____

STREET ADDRESS _____ FAX _____

CITY _____ STATE _____ ZIP _____ ACCOUNT # _____

CONTACT PERSON _____ EMAIL _____

COMPANY NAME _____ PHONE _____

STREET ADDRESS _____ FAX _____

CITY _____ STATE _____ ZIP _____ ACCOUNT # _____

CONTACT PERSON _____ EMAIL _____

APPLICATION MAY BE DELAYED IF TRADE REFERENCE FAX NUMBERS ARE OMITTED.

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice. By signing this agreement, you agree to pay Net 30 Terms.
2. By submitting this application, you authorize Sewell Direct to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURE _____ DATE _____

PRINT NAME AND TITLE _____