



SEWELLDIRECT.COM

ACCOUNTING

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

Please fax this to: (801) 226-8289
or email: accounting@sewelldev.com

WAREHOUSE/CUSTOMER SERVICE

SEWELL DIRECT
57 NORTH 1380 WEST
OREM, UT 84057
(801) 356-3823

BUSINESS ACCOUNT APPLICATION (NET 30 TERMS).

PLEASE NOTE THAT WE ONLY EXTEND CREDIT TO COMPANIES WITHIN THE USA.

GENERAL INFORMATION

NAME & TITLE EMAIL

COMPANY NAME PHONE

ADDRESS FAX

CITY STATE ZIP

NUMBER OF EMPLOYEES 1-10 11-35 36-100 100-200 200+

TYPE OF COMPANY/ORGANIZATION (CHECK ALL THAT APPLY)

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

ANTICIPATED OPENING ORDER

- \$0-100
\$100-1000
\$1000-5000
\$5000-20000
\$20000+

ANTICIPATED ORDERS PER YEAR

- 1-10
10-25
25-50
50+

GROSS ANNUAL REVENUE

- \$0-1M
\$1M-10M
\$10M-100M
\$100M-500M
\$500M+

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

- A/V CABLE (HDMI, VGA, TOSLINK, ETC)
DATA CABLE (USB, FIREWIRE, SATA, ETC)
BULK CABLE
PC TO TV CONVERSION
HOME THEATER CONNECTIVITY
USB ADAPTERS
RACKS & CABINETS
DIGITAL SIGNAGE (VIDEO EXTENDERS/MULTIPLIERS)
NETWORKING
VIDEO CAPTURE
COMPUTER COMPONENTS
WIRELESS
OTHER

HOW DID YOU HEAR ABOUT US?

- 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 _____