

Dealer Application

Unik International Inc 50 Richboynton Rd Dover, NJ 07801 Phone: (800) 766-8645 Fax: (973) 343-6129

Fax: (973) 343-6 Sales Rep:

Company Name:					
Tax ID:					
Contact Informatio	n:				
Contact Person:			Title: _		
Phone:	Fax:			_Email:	
Billing Address:			Shipping A	Address:	
Address:			Address:		
City:			City:		
State:			State:		
Zip Code:			Zip Code:		
Company Informati	ion:				
Please Circle One:	Corpor	ation	Sole Pr	oprietorship	Partnership
Incorporation Year:	State:	Year in Bus	iness:	Type of Business:	
Payment Terms:	Credit Card	Net	30 Days	COD Comp	any Check
Note: If you are pay references sections card authorization f	of this application	n. Credit ca	rd custome		
Bank Reference					
Bank Name:		Acc	count Numl	oer:	
Phone:		Coi	ntact:		

Trade References

1. Name:	Phone:	Fax:	
Address:			
		Fax:	
Address:			
		Fax:	
Address:			
information regarding my acc in payment of this account, th	ount(s) for the purchase one entire account shall be	es authorization for release of a of credit extension. Should defa come due immediately. If it bed of an attorney, I agree to pay th	ult occur comes
Signature:	Title:	Date:	