

3800 Oceanside Rd West
Oceanside, NY 11572
Web: www.firstmfg.com

First Manufacturing Co.
Dealer Application

Phone: 1-800-537-3030

Fax: 516 763 0401

Email: sales@firstmfg.com

Sales Rep:

Company Name: _____ Tax ID _____

CONTACT INFORMATION

Contact Person: _____ Title: _____

Phone: _____ Fax: _____ E-mail: _____

Billing Address: _____ _____ City: _____ State: _____ Zip: _____	Shipping Address: _____ _____ City: _____ State: _____ Zip: _____
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COMPANY INFORMATION

Business is (Please circle one): CORPORATION SOLE PROPRIETORSHIP PARTNERSHIP

Incorporation Year: _____ State: _____ Years in Business: _____ Type of Business: _____

Payment Terms (Please circle one): NET 30 CREDIT CARD C.O.D.: Cashier's Check Co. Check

NOTE: If you are paying by Credit Card, you do not need to fill out the BANK REFERENCE and TRADE REFERENCES sections of this application. Credit Card customers must also complete the Credit Card Authorization Form.

BANK REFERENCE

Bank Name: _____ Account #: _____

Phone: _____ Contact: _____

TRADE REFERENCES

1. Name: _____ Phone: _____ Fax: _____

Address: _____ Account #: _____

2. Name: _____ Phone: _____ Fax: _____

Address: _____ Account #: _____

3. Name: _____ Phone: _____ Fax: _____

Address: _____ Account #: _____

TERMS AND CONDITIONS: My signature below constitutes authorization for release of any and all information regarding my account(s) for the purchase of credit extension. Should default occur in payment of this account, the entire account shall become due immediately at First Manufacturing Co.'s option. If it becomes necessary for First Manufacturing Co. to obtain services of an attorney, I agree to pay the cost of such services.

Signature: _____ Title: _____ Date: _____