

NEW ACCOUNT APPLICATION

SIGNATURE CORAL

www.signaturecoral.com
Phone 865/441-4885

AQUARIUM LIFE SUPPORT SYSTEMS

www.aqualifesupport.com
Phone 865/588-0108

1737 Louisville Dr • Knoxville, TN 37921 • FAX 865/588-1976

Please tell us which lines you are interested in (check all that apply):

Signature Coral **Aquarium Life Support Systems**

How did you hear about us? _____

The undersigned company is applying for new account status and/or company check privileges with Signature Coral/Aquarium Life Support Systems and agrees to abide by the standard terms and conditions set forth herein. Signature Coral/Aquarium Life Support Systems sells to established accounts and dealers only and reserves the right to deny wholesale status at any time for any reason at our discretion.

Company Name _____ Federal Tax ID or SS # _____

DBA (if different) _____ Type of Business _____

Contact Person _____ Date Established _____

Address _____ No. of Employees _____

City _____ State _____ Zip _____ E-mail Address _____

Phone () _____ Fax () _____ Cell Phone _____

Company website: _____ Your website will be included in our dealer list.

Are you a (check one) :

_____ **Corporation** (State _____) _____ **Partnership** _____ **Sole Proprietorship**

Names, Titles and Addresses of Your Three Chief Officers or Partners

Name	Title	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name and Address of Your Resident Agent

Are you state sales tax exempt? Yes _____ No _____ Sales Tax# _____ State _____

Have you ever had an account with us before? Yes _____ No _____

If yes, under what name? _____

Authorized Purchasers _____

Purchase Order Required? Yes _____ No _____

TRADE REFERENCES (3 REQUIRED)

Name	Title	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

BANK REFERENCES

Name of Bank _____

Address _____

Account # _____

Contact Person _____

Phone () _____

GENERAL TERMS AND CONDITIONS AND PERSONAL GUARANTEE

1. Invoices are due upon receipt unless otherwise noted.
2. All invoices are due upon receipt unless otherwise specified. All invoices not paid within time specified, are considered past due.
3. A service charge of 2% per month will be added to all amounts billed if not paid upon receipt or within the term specified. Any and all legal fees incurred in the collection of past due accounts are the responsibility of the customer.
4. Signature Coral/Aquarium Life Support Systems is not responsible for the validity of any information obtained from credit reporting agencies.
5. PERSONAL GUARANTEE: If the customer is a corporation, then those signing this application, whether signing as an officer or not, personally guarantee payment for all items purchased by the corporation, partnership or sole proprietorship.
6. I authorize Signature Coral/Aquarium Life Support Systems to complete payment transactions on credit card information I provide as means of payment for orders.

I represent that the above information is true and is given to induce Signature Coral/Aquarium Life Support Systems to extend account privileges to the applicant. My company and I authorize Signature Coral/Aquarium Life Support Systems to make such credit investigation as Signature Coral/Aquarium Life Support Systems sees fit, including contacting the above trade references and banks and obtaining credit reports. My company and I authorize all trade references, banks and credit reporting agencies to disclose to Signature Coral/Aquarium Life Support Systems any and all information concerning the financial and credit history of my company and myself.

I have read the terms and conditions stated above and agree to all of those terms and conditions.

Authorized Signature _____

Printed Name _____

Company Name _____

Title _____ Date _____