



DEALER APPLICATION

Phone 425-771-2182
Fax 425-771-2650

COMPANY NAME _____ DATE _____

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP _____

SHIPPING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PREVIOUS ADDRESS (if at present address less than 5 years) _____

CITY _____ STATE _____ ZIP _____

NAME AND ADDRESS OF PARENT CO. (If subsidiary) _____

TELEPHONE NO. _____ FAX NO. _____ TAX I.D. # OR SSN # _____

TYPE OF BUSINESS and TRADE: _____

BUSINESS STRUCTURE:

CORPORATION _____ PARTNERSHIP _____ INDIVIDUAL _____

STATE OF INCORPORATION _____ YEAR INCORPORATED _____

PRINCIPALS

NAME _____ TITLE _____ ADDRESS _____

NAME _____ TITLE _____ ADDRESS _____

NAME _____ TITLE _____ ADDRESS _____

ACCOUNTS PAYABLE MANAGER _____ TELEPHONE NO. _____

BANK REFERENCE _____ BRANCH _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

CHECKING ACCOUNT NO. _____ SAVINGS ACCOUNT NO. _____

COMMERCIAL LOANS

SECURED _____ ACCOUNT NO. _____

SECURED _____ ACCOUNT NO. _____

UNSECURED _____ ACCOUNT NO. _____

UNSECURED _____ ACCOUNT NO. _____

ACCOUNT MANAGER _____ TELEPHONE NO. _____

LIST BELOW THE NAME OF THE PRINCIPAL COMPANIES WITH WHOM YOU PURCHASE ON A DIRECT BASIS:

COMPANY NAME _____ PHONE _____

ADDRESS _____ FAX _____

CITY _____ STATE _____ ZIP _____

COMPANY NAME _____ PHONE _____

ADDRESS _____ FAX _____

CITY _____ STATE _____ ZIP _____

COMPANY NAME _____ PHONE _____

ADDRESS _____ FAX _____

CITY _____ STATE _____ ZIP _____

COMPANY NAME _____ PHONE _____

ADDRESS _____ FAX _____

CITY _____ STATE _____ ZIP _____

COMPANY NAME _____ PHONE _____

ADDRESS _____ FAX _____

CITY _____ STATE _____ ZIP _____

FAX _____

PLEASE CHECK ALL TYPES of BUSINESS ACTIVITIES LISTED BELOW THAT YOUR COMPANY IS ENGAGED IN:

REPAIR, SERVICE AND INSTALLATION:

WHOLESALE to DEALERS:

RETAIL TO THE PUBLIC:

MAUFACTURERS WARRANTY CENTER:

MANUFACTURING:

PLEASE BRIEFLY DESCRIBE THE TYPES OF PRODUCTS YOUR COMPANY SELLS OR PRODUCES:

PLEASE BRIEFLY DESCRIBE THE GEOGRAPHIC AREAS THAT YOUR BUSINESS SERVICES OR PROVIDES SALES:

AMOUNT OF CREDIT REQUESTED \$ _____ (If in excess of \$2000.00 a copy of your latest financial and operating statements are required).

The forenamed company hereby makes application for Dealership or credit and provides the information contained herein, which is warranted to be true and correct for the purpose of inducing SEA COM CORP, to make periodic sales of goods and of equipment to it said company. In consideration thereof, it is agreed and understood that (1) the undersigned is an authorized agent of the applicant and is duly empowered to enter into and make binding agreements on its behalf, (2) all account balances are to be paid in full within stated terms from the date of invoice, (3) all payments shall be made to SEA COM CORP. at its office at 7030 220th S. W., Mountlake Terrace, WA 98043, (4) in the event of default of payment when due, all of the costs of collections, including attorney's fees and court cost shall be paid by the applicant.

THE APPLICANT HEREBY ACKNOWLEDGES THAT THE INFORMATION PROVIDE HEREIN IS CURRENT AND CORRECT. AND FURTHER ACKNOWLEDGES THAT SEA COM CORP., AT ITS SOLE DISCRETION AND WITHOUT NOTICE, MAY DECLINE TO OFFER OPEN ACCOUNT STATUS AT ANYTIME AND FOR ANY REASON.

APPLICANT

BY: _____

TITLE: _____

DATE: _____