



P.O. Box 856 Armonk, New York 10504 (p) 914-219-4180 (f) 914-219-4181
info@italianspeakers.us

Authorized Dealer Credit Application

Legal Business Name: _____

DBA: _____

Billing street address: _____

City: _____ State: _____ Zip: _____

Shipping address: _____

(additional shipping address should be provided on additional sheet)

Main phone number: _____

Main fax number: _____

Website: _____

Main email address: _____

Federal Tax ID: _____ State filed in: _____

Name of owner(s): _____

Type of company (circle one): Corporation Partnership Sole Proprietorship

Years established: _____

Current Year projected revenue: _____

(continued on NEXT PAGE)

Banking info:

Bank name: _____

Bank address: _____

Checking account number: _____

Bank contact: _____ Phone: _____

Trade References:

Name: _____ account # _____ fax # _____

Name: _____ account # _____ fax # _____

Name: _____ account # _____ fax # _____

Name: _____ account # _____ fax # _____

On behalf of my company, I hereby certify to the correctness of the information provided in this application for "authorized dealer" status and credit consideration. I hereby allow Italian Speaker Imports, Inc. to obtain such factual information regarding my credit rating as permitted by law. Any information obtained will be retained on file and held in strict confidence.

Signed: _____ Title: _____

Date Signed: _____