

BRY-TECH
DISTRIBUTORS
Upholstery Materials & Supplies
 Auto • Commercial • Marine

THE TRIM EXPERTS – SERVICE, SELECTION, & MORE...SINCE 1994!

JACKSONVILLE 1-800-329-7283

ORLANDO 1-877-533-3030

WWW.BRY-TECH.COM

NEW CUSTOMER APPLICATION

(Please fill out completely)

Business Name: _____ DBA: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: () _____ Fax: () _____ Email: _____

Shipping Address (if different from above): _____

City: _____ State: _____ Zip Code: _____

Does State, County, or City require Licenses? _____ Yes _____ No

If Yes, Licenses #: _____

Ownership: _____ Sole Owner _____ Partnership _____ Corporation

Date Established: _____ Type of Business: _____

D & B # (if you have one): _____

Officer's Name: _____ Title: _____

Home Address: _____

Home Telephone #: () _____ Social Security #: _____

*** DRIVER'S LICENSE # *** _____

Associates Authorized to Sign Checks:

Name: _____ Drivers License #: _____

Name: _____ Drivers License #: _____

****PLEASE INCLUDE PHOTO COPY****

ACCOUNT TYPE DESIRED (Please Check one)

_____ Open Account (Balance due on the 10th of each month)

_____ COD (Company Check Accepted)

_____ COD (Cash Only, if a carrier is used (UPS) will be Money Order Only!)

Credit Card #: _____ Expiration Date: _____ / _____

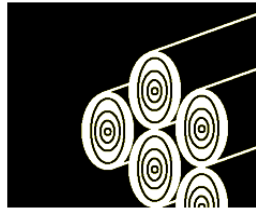
Full Name on Credit Card: _____

I authorize charges to my Credit Card Account: _____ Date: _____ / _____ / _____

(signature)

Bry-Tech Distributors

1143 Haines Street • Jacksonville, FL 32206 • (904) 354-8691 • 1-800-329-7283
 Fax or Email Application to Hope Mercer (407) 299-3738 • Hope@Bry-Tech.com



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TRADE REFERENCES

(We require 3 references & must have fax numbers)

Company Name: _____ Contact Person: _____

Address: _____

Telephone #: () _____ Fax #: () _____

Company Name: _____ Contact Person: _____

Address: _____

Telephone #: () _____ Fax #: () _____

Company Name: _____ Contact Person: _____

Address: _____

Telephone #: () _____ Fax #: () _____

Has this firm or any of its Principles ever declared Bankruptcy? _____ Yes _____ No

If Yes, please explain: _____

BANK REFERENCES

(*-Fax Numbers are Required)

Bank Name: _____ Account #: _____

Checking: _____ Loan: _____ Savings: _____

Address: _____

Telephone #: () _____ Fax #: () _____

This application and the information contained herein is a request for extension of credit for commercial business use only and the applicant certifies that the firm he/she represents is doing business as a [Please check one]: Corporation (), Partnership (), or Sole Proprietorship (). The applicant authorizes the above named creditor(s) to obtain a written or oral credit report from a reporting agency. The applicant further authorizes any bank or commercial business with whom the applicant is doing or has done any type of business to give any and all necessary information to applicant's credit status from time to time as the creditor deems necessary.

Applicant agrees to pay any and/or all collection costs incurred to collect the amount balance, including reasonable attorney's fees. In consideration of credit being extended by Bry-Tech Distributors to the above mentioned applicant for merchandise to be purchased whether applicant be an individual or individuals, a proprietorship, a partnership, a corporation, or any other entity, the undersigned guarantor or guarantors each hereby contract and guarantee to Bry-Tech Distributors the faithful payment, when due, of all accounts of said applicant for purchases made.

THIS APPLICATION MUST BE SIGNED TO BE PROCESSED:

Authorized Signature: _____ Title: _____

Date: _____

(If Tax Exempt, please email/mail/fax a copy of your DR-13)

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