

Credit/Dealer Application

ACCOUNT #: _____

Accounts Receivable Department
800 Route 71, Spring Lake Heights, NJ 07762
Phone: 732-449-4211 • Fax: 732-449-4517
Email: credit@wintronelectronics.com



NAME/ADDRESS Order Pending

Last: _____ First: _____ Middle Initial: _____

Legal Name of Business: _____ Tax I.D. Number: _____

Address: _____ City: _____ State: _____ ZIP: _____

COMPANY INFORMATION

Type of Business: _____ In Business Since: _____

Legal Form Under Which Business Operates: Corporation Partnership Proprietorship

If Division/Subsidiary, Name of Parent Company: _____

Company Principal Responsible for Business Transactions: _____ Title _____

Address: _____ City: _____ State: _____ ZIP: _____

Accounts Payable Contact: _____

Phone: _____ Fax: _____ Email: _____

Sales Contact: _____ Email: _____

BANK INFORMATION

Institution Name: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

Contact Person: _____ Checking Account Number: _____

Account type requested: Open Credit Card

TRADE REFERENCES (Do not include boat or engine manufacturers)

•Company Name: _____ Contact Person: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____ Email: _____

•Company Name: _____ Contact Person: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____ Email: _____

•Company Name: _____ Contact Person: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____ Email: _____

To help us better serve your needs, please tell us what type of business you operate:

Store Catalog Sales E-Bay Seller (User name: _____)

E-Commerce (Website address: www. _____)

Installation and repairs Other: _____ ***PLEASE COMPLETE TAX FORMS**

***PLEASE NOTE THAT CREDIT APPLICATIONS CANNOT BE PROCESSED WITHOUT THE CORRECT COMPLETED TAX FORMS.**

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein. I agree to personally guarantee full and prompt payment of any debts incurred by our firm.

Signature _____ Social Security Number _____ - _____ - _____ Date _____