

Dealer Application

Business Name: _		<u> </u>		
Business Address:				
City	State	Zip	_ Business Phone #	
Company Structur	re:			
☐ - Corporation ☐	☐ - Partnership ☐	- Sole Proprietor		
Federal Tax ID		State Tax ID_	(Att	tach certificate)
Years in business:	(Attach b	ousiness license)		
Requested Terms:	□ Net 30 + CC □	CC Only		
Credit Amount Re	equested:			
Billing Contact:				
Name				
Email				
Phone #				



Office	r/ Partner/O	wners:			
1.	Name			Title	Phone #
2.	Name			Title	Phone #
3.	Name			Title	Phone #
Trade	References:				
1.	Name			Account #	
	Address			Email	
	City	_State	_ Z ip_	Phone	
2.	Name			Account #	
	Address			Email	
	City	_State	_Zip_	Phone	
3.	Name			Account #	
	Address			Email	
	City	_State	Z ip_	Phone	



Agreements

- Standard terms for invoices are net 30 days from the date of invoicing. Other specialized terms are available based on products and/or quantities purchased.
- Upon default of the terms of this agreement, Lutek, Inc. may declare my
 existing balance due and payable in full. Lutek, Inc. may also collect for all
 collection fees associated with the collection of any past due balances upon
 default of payment terms.
- In the event of changes in the Buyer's company, including but not limited to change of ownership to which Lutek, Inc. is to be notified in writing thirty(30) days prior to the change, or a change in credit rating, Lutek, Inc. reserves the right to change the credit terms of the company, cancel an order or require a deposit to proceed with an order. The information furnished on this application is for the purpose of obtaining credit, and I understand that this information will be relied on for the extension of credit. I hereby certify that the information is true, correct and complete.
- Lutek, Inc. is authorized to investigate my company's credit and report to the proper persons the performance of this agreement.
- My signature on this credit application authorizes Lutek, Inc. to obtain any
 credit information necessary to provide me with an account. I further agree that
 I will be personally responsible for any money not paid by the applicant.

Date	Signature	Company	



Credit Card Payment Authorization

5 5	ek to charge to the Credit Card below for the amount e Lutek portal. You agree that no prior notification will					
I authorize Lutek to charge my Credit Card below for the proposal total of each order submitted on the Lutek portal and to settle open Net 30 in if payment is not received via another method.						
Billing Details						
Business Name						
Billing Address	Phone #					
City, State, Zip	Email					
Credit Card Information						
🗆 - Visa 🗅 - MasterCard 🗅 - AMEX 🗅 - Dis	scover					
Cardholder's Name -						
Credit Card Number	<u>-</u>					
Expiration Date/						
Security Code (CVV)						
Billing Zip Code						
Cardholder's Signature	Date					