

DEALER APPLICATION



Dear Dealer... Thank you for considering our company and products. We look forward to working with you. Please fill out and return this dealer application so you may be set up on an open account basis. Your first order should be prepaid with a credit card, company check, or C.O.D. service. If there are any questions concerning this application or our product line, please call toll free **(800) 435-7855** or visit **www.gtluscombe.com**

PLEASE FILL IN THE INFORMATION BELOW

	Bill To:	Ship To:
Company Name	_____	_____
Address	_____	_____
City, State, Zip	_____	_____
Phone	() _____	
Fax	() _____	
Email Address	_____	
Website	_____	
Accts. Payable Manager	_____	
State Resale Tax I.D.#	_____	
Member CBA	Yes <input type="checkbox"/> No <input type="checkbox"/>	
OWNER	_____	
HOME PHONE	() _____	

Please list 3 suppliers you currently do business with on open account.

Company: _____ Account #: _____
 Address: _____
 City _____ State _____ Zip Code _____
 Phone: () _____ Fax () _____ Contact Person: _____

Company: _____ Account #: _____
 Address: _____
 City _____ State _____ Zip Code _____
 Phone: () _____ Fax () _____ Contact Person: _____

Company: _____ Account #: _____
 Address: _____
 City _____ State _____ Zip Code _____
 Phone: () _____ Fax () _____ Contact Person: _____

PLEASE NOTE: A service charge of 1.5% per month, which is an annual percentage rate of 18%, will be assessed on all invoices not paid within 30 days of that invoice. There will be a \$30.00 charge for NSF checks returned. Purchaser agrees to pay any expenses, including court costs, attorney's fees, accrued interest and other costs, incurred by G.T. Luscombe Company, Inc. in collecting any amounts due.

Print Name: _____ Date: _____

Signature Required: _____