



# DEALER CREDIT APPLICATION

Zinetic, Inc. 20873 Overdorf Rd. Noblesville, IN 46062 p: 317.513.8342 f: 317.774.0018

ACCOUNT INFORMATION				
Legal Name:			Federal ID:	
DBA:		In Business Since:		
Billing Address:		City:	State:	Zip:
Phone:	Fax:	Email:		
Shipping Address:		City:	State:	Zip:
Phone:	Fax:	Email:		
Owner/President:		Phone:	Fax:	
Billing Contact:		Phone:	Fax:	
Business Type: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor				
ACCOUNT TERMS (if credit card is checked, please fill in number and expiration date)				
<input type="checkbox"/> Credit Card:		Exp:	<input type="checkbox"/> Net 30	
O Credit Line Requested: \$		Estimated Monthly Purchases: \$		
REFERENCES				
Reference 1:			Phone:	
Address:		City:	State:	Zip:
Reference 2:			Phone:	
Address:		City:	State:	Zip:
Reference 3:			Phone:	
Address:		City:	State:	Zip:
Reference 4:			Phone:	
Address:		City:	State:	Zip:
Bank Reference 1:			Phone:	
Address:		City:	State:	Zip:
Contact:		Checking Account #		
Savings Account #		Loan Account #		
Bank Reference 2:			Phone:	
Address:		City:	State:	Zip:
Contact:		Checking Account #		
Savings Account #		Loan Account #		
DEFAULT AGREEMENT				
<p>The above information is for the purpose of obtaining a line of credit and is warranted to be true. I/We hereby authorize Zinetic, Inc. to investigate the references listed pertaining to my/our credit and financial responsibility, an authorize my/our bank to release the information requested in conjunction with establishing this line of credit. I/We further attest financial responsibility, ability, and willingness to pay invoices according the terms of sale established by Zinetic, Inc. In the event payment is not made, I/we will pay all reasonable costs of collection including all reasonable attorney's fees and court costs.</p>				
Authorized Applicant Signature, Print Name and Title:				Date:
For Zinetic Credit Department Use Only				
Credit Limit: \$		Approval By:		Date: