



Transmission SPECIALISTS



ALLIED TRANSMISSIONS LTD.



Authorized Dealer

CREDIT AMOUNT APPLYING FOR \$ _____

BUSINESS CONTACT INFORMATION

Title		Date business commenced	
Company name		<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other	
Phone Fax			
E-mail			
Registered company address City, State ZIP Code			

BUSINESS AND CREDIT INFORMATION

City, State ZIP Code		Bank name:	
How long at current address?		Primary business address City, State ZIP Code	
Phone		Phone	
Fax		Account number	
E-mail		Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other

BUSINESS/TRADE REFERENCES

Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other	Other	

AGREEMENT

- All invoices are to be paid 30 days from the date of the invoice.
- Claims arising from invoices must be made within seven working days.
- By submitting this application, you authorize [Company Name] to make inquiries into the banking and business/trade references that you have supplied. I understand and consent to the information provided above being used to update my credit file. I understand that my identification will be used for authentication purposes and will be stored electronically.

SIGNATURES

Signature		Signature	
Name and Title		Name and Title	
Date		Date	

PLEASE SEND TO admin@siautomatics.com or admin@allied-transmission.com