



Date _____

FOR OFFICE USE ONLY	
CUSTOMER NO. _____	
CREDIT CODE _____	

BILL TO:		
LEGAL CUSTOMER NAME _____		
CUSTOMER ADDRESS _____		

CITY _____	STATE _____	ZIP _____
PHONE _____		FAX _____
RESALE NUMBER _____		

BILL TO:		
LEGAL CUSTOMER NAME _____		
CUSTOMER ADDRESS _____		

CITY _____	STATE _____	ZIP _____
CREDIT LIMIT DESIRED _____		ANTICIPATED ANNUAL VOL. _____
TERMS: B OF L = NET 90 / C.A.D. / L.C. / WHSE. = NET 30 _____		
SHIP VIA _____		RECEIVING HOURS: _____ REQUIRE APPOINTMENT: YES NO
NAME OF PERSON TO CONTACT IF PROBLEM ARRISES: _____		

ACCOUNT CLASSIFICATION

DEALER _____ WHOLESALE IV _____

LEVEL I - (OPEN) 40/10 - 50/20 _____ OTHER V _____

LEVEL II - 50/10 _____

LEVEL III - 50/20 _____

FINANCIAL

NAME OF PRINCIPAL _____

MAJOR SUPPLIERS / REFERENCES:

NAME	CITY	STATE	PHONE
1. _____	_____	_____	(____) _____
2. _____	_____	_____	(____) _____
3. _____	_____	_____	(____) _____

BANK REFERENCE (AT LEAST 1)

NAME	CITY	STATE	PHONE
1. _____	_____	_____	(____) _____
2. _____	_____	_____	(____) _____

REMARKS _____

SALES REP _____ DATE _____

Sealy Seating System™ • 755 Raco Drive, Suite A • Lawrenceville, Georgia 30046
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