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**Please Print or Type**      **USA & CANADIAN CREDIT APPLICATION**

**You Must Complete all Sections or this Form will be RETURNED.**  
**PLEASE INCLUDE SIGNED CERTIFICATE OF RESALE/TAX EXEMPT FORMS IF APPLICABLE.**

**I Prefer Paperless Billing**      **Net 20 Open Account / Desired Amount: \$** \_\_\_\_\_

Paperless E-Mail Address \* \_\_\_\_\_

Name of Firm \_\_\_\_\_ Corporation    Partnership    Proprietorship    LLC

Street \_\_\_\_\_ Subsidiary of \_\_\_\_\_

P.O. Box \_\_\_\_\_ Type of Business \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Resale/Sales Tax No. \_\_\_\_\_

Country \_\_\_\_\_ USA      CANADA      SS# \_\_\_\_\_ Or F.E.I.N. \_\_\_\_\_

Phone \_\_\_\_\_ Fax: \_\_\_\_\_ Purchasing Name \_\_\_\_\_

Website(s) - ALL \_\_\_\_\_ Purchasing Phone \_\_\_\_\_

# Of Years In Business \_\_\_\_\_ # Of Employees \_\_\_\_\_ Purchasing Email \_\_\_\_\_

Other Locations?    Yes    No    If Yes, How Many? \_\_\_\_\_ Accts. Payable Name \_\_\_\_\_

How Did You Hear About Markertek? \_\_\_\_\_ Accts. Payable Phone \_\_\_\_\_

\_\_\_\_\_ Accts. Payable Email \_\_\_\_\_

Business Operates From    Own Building    Office Building    Home    Other \_\_\_\_\_

**What Markertek Products Are You Interested In?** \_\_\_\_\_

**IMPORTANT! Please provide your Company Profile or internal contact information (sales, purchasing etc.) so we may keep you updated with new products and literature.**

\* Although I have provided my e-mail, I **do not** wish to receive promotional e-mails sent by Markertek.

**Please List a MINIMUM OF TWO Manufacturers/Distributors for Which You are a Dealer or Reseller With Whom You Currently Have Open Account Terms. (Required)**

**1.** Company \_\_\_\_\_ **2.** Company \_\_\_\_\_

Account # \_\_\_\_\_ Account # \_\_\_\_\_

Phone & Fax \_\_\_\_\_ Phone & Fax \_\_\_\_\_

Contact \_\_\_\_\_ Contact \_\_\_\_\_

Email Address \_\_\_\_\_ Email Address \_\_\_\_\_

**Please Provide Banking Information**

Name of Bank \_\_\_\_\_

Bank Contact \_\_\_\_\_

Bank Phone # \_\_\_\_\_

Bank E-mail Address \_\_\_\_\_

Has the firm or any of its principals ever been Bankrupt?    Yes    No

If Yes, explain \_\_\_\_\_

Any misrepresentation in this application will be considered evidence of fraud, since this information is the basis for the extending of credit. As an inducement to grant credit, the undersigned warrants that the information submitted is true and correct. You are authorized to investigate the credit references and principals listed.



**CONTINUED:**

In consideration for the extension of credit, said business promises to pay for all purchases within the terms agreed (Net 20) and agrees to pay a service charge per month of 1-1/2% per month (18% annual percentage rate) on all past due balances. In the event any third parties are employed to collect any outstanding monies owed by said business the undersigned agrees to pay reasonable collection costs, including attorney fees, whether or not litigation has commenced, and all costs of litigation incurred. The undersigned represents that he/she has the authority to execute this credit agreement on behalf of the business identified.

I certify that all statements made by me in this application are correct to my knowledge. I authorize Markertek to investigate & verify the information I have provided herein. I have read and accept the Terms & Conditions: <http://www.markertek.com/guarantee.asp>

Name of Business \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

Name (Print) \_\_\_\_\_ Date \_\_\_\_\_

**Terms and Conditions:**

**Net 20 account customers may be required to keep an updated credit card on file with Markertek as a backup payment source for the account in the event that any invoices become more than 60 days past due. A representative will contact you by phone to securely acquire your Credit Card information if deemed necessary.**

Although security may be a concern, your CID information will not be stored. Only PAN information is kept on file in a password protected database.

**Personal Guarantee**

In consideration for Markertek extending credit to the business identified below for any materials and/or services after this date at the request of applicants or its agents, the undersigned individual hereby personally guarantees unconditionally and irrevocably the prompt payment of any sums now or hereafter owed to Markertek by the business identified below whether said sums are due under open account, contract or otherwise.

It is understood and agreed that credit, if extended, is to be on a continuing basis and may exceed estimated maximum credit limit required as stated in the credit agreement between Markertek and the business. Markertek shall not be obligated to notify the undersigned of the dates or amounts of any such credit and the undersigned waives demand, notice of default and any extension of time or any other forbearance which may be extended by Markertek.

This guaranty shall continue in force until notice in writing, sent by registered or certified mail, return receipt requested is received by Markertek. Said notice shall specify the date on which this guaranty is to be terminated; said date not to be less than seven days after such notice is received. Such termination shall in no way release the undersigned as to any sum or debt incurred prior to such termination.

Date \_\_\_\_\_

Name \_\_\_\_\_ (Name of person guaranteeing payment, NO TITLE)

Home address \_\_\_\_\_

Home Phone # \_\_\_\_\_

SS# \_\_\_\_\_

Signature of person guaranteeing payment \_\_\_\_\_

Name of Business whose account is guaranteed \_\_\_\_\_

Open account privileges are pending our credit approval.

**We Subscribe To  
Experian  
Credit Services**