



Special T Imports Inc.
1540 Tanforan Ave. Suite C.
Woodland, CA. 95776
Phone: 844-480-4438
Fax: 888-260-6348
sales@specialtimports.com

Office Use Only

Customer #

☐ New Limit _____

By _____ Date _____

BUSINESS NAME				Store Front <input type="checkbox"/> Yes <input type="checkbox"/> No	
DBA					
BILL TO ADDRESS		Street _____			
City _____	St _____	Zip _____			
Phone _____	Fax _____	Resale # _____			
E-mail Invoices _____	GAIN # _____				
E-mail Other _____	Lyon # _____				
SHIP TO ADDRESS		Street _____			
City _____	St _____	Zip _____			
Phone _____	Fax _____	E-mail _____			
BUSINESS FORM		<input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other			
Corporate name _____		City _____	St _____	Zip _____	
President _____		Vice Pres. _____	Sec/Treas _____		
Or Owner #1 Name _____		SS# _____	E-mail _____		
Owner #1 Address _____					
Owner #2 Name _____		SS# _____	E-mail _____		
Owner #2 Address _____					
Authorization		I hereby authorize Special T Imports to obtain a consumer Credit Report and/or Background Report on Me.			
Signature: _____		Title _____	Date _____		
BUSINESS TYPE		<input type="checkbox"/> Retailer <input type="checkbox"/> Wholesaler <input type="checkbox"/> Manufacturer <input type="checkbox"/> Other			
Type of Store		<input type="checkbox"/> Gift <input type="checkbox"/> Christian Bookstore <input type="checkbox"/> Card <input type="checkbox"/> Hardware <input type="checkbox"/> Grocery <input type="checkbox"/> Other			
		<input type="checkbox"/> Drug <input type="checkbox"/> Home Furnishing <input type="checkbox"/> Garden <input type="checkbox"/> Closeout <input type="checkbox"/> Hospital			
		Length of time in business _____		Length of time under present ownership _____	
		Is this a seasonal business? <input type="checkbox"/> Yes <input type="checkbox"/> No		Mos. open for business From _____ To _____	
CONTACTS					
Authorized Buyer #1		Phone _____	E-mail _____		
Authorized Buyer #1		Phone _____	E-mail _____		
Accounts Payable		Phone _____	E-mail _____		
BANKING INFO		Bank Name _____		Phone _____	
Address _____		City _____	St _____	Zip _____	
Checking Acct # _____		Savings Acct. # _____	Loan Acct. # _____		
Credit Limit Requested \$ _____					
I hereby authorize the bank to furnish requested information to Special T Imports for the purpose of credit extension.					
Authorization		Signature _____		Date _____	
		Title _____			
TRADE REFERENCES					
Minimum of 4 are requested. (Acct. #'s not required.)					
<input type="checkbox"/> Demdaco Acct # _____ <input type="checkbox"/> Encore Acct # _____ <input type="checkbox"/> Enesco Acct # _____ <input type="checkbox"/> Gund Acct # _____ <input type="checkbox"/> Highland Graphics Acct # _____		<input type="checkbox"/> Pavilion Gift Acct # _____ <input type="checkbox"/> Raz Imports Acct # _____ <input type="checkbox"/> Russ Berris Acct # _____ <input type="checkbox"/> Transpac Acct # _____ <input type="checkbox"/> Ty Acct # _____			
Name _____		Name _____			
Address _____		Address _____			
City _____	St _____	Zip _____	City _____	St _____	Zip _____
Phone _____	Fax _____		Phone _____	Fax _____	
Acct. # _____	Contact _____		Acct. # _____	Contact _____	
Name _____		Name _____			
Address _____		Address _____			
City _____	St _____	Zip _____	City _____	St _____	Zip _____
Phone _____	Fax _____		Phone _____	Fax _____	
Acct. # _____	Contact _____		Acct. # _____	Contact _____	
The undersigned agrees that each purchase hereafter completed upon open account credit shall be deemed subject to the terms of sales of Special T Imports, Inc., and those alone and hereby waives any term of purchase other than those. It is understood that our terms are Net 30 days. I hereby represent that I am authorized to submit this application on behalf of the customer named above and that the information provided is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize Special T Imports, Inc. to investigate the references listed pertaining to my/our credit and financial responsibility. It is agreed and understood that all necessary collection and legal expenses and a late charge of 1.5% per month will be applied to all past due invoices. I/We further represent that the customer applying for credit has the financial ability and willingness to pay for all invoices within established terms.					
Authorize Signature _____		Title _____		Date _____	
Authorize Signature _____		Title _____		Date _____	
Do you want prices (wholesale) to appear on your packing lists?				<input type="checkbox"/> Yes <input type="checkbox"/> No	