



109 Larrimore Lane | Danville, KY 40422 | USA
P: 866.246.2548 | F: 866.926.8246 | E: info@AnodiaSystems.com
www.AnodiaSystems.com

Authorized Dealer Application

Date: _____

THIS APPLICATION IS BEING SUBMITTED BY:

Legal Name: _____

DBA: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Accounts Payable Contact (Name/Phone/Email): _____

Name and Location of Parent Company: _____

Years in Business: _____

Business Type: Corporation: _____ Partnership: _____ Proprietorship: _____

NAMES OF PRINCIPLE OFFICERS, PARTNERS, OR OWNERS:

Name: _____ Title: _____

Phone: _____ Email: _____

Name: _____ Title: _____

Phone: _____ Email: _____

REFERENCES:

Please provide complete address, phone and email for three credit references.

(1) Company: _____

Name: _____ Phone: _____

Email: _____

Address: _____

(2) Company: _____
Name: _____ Phone: _____
Email: _____
Address: _____

(3) Company: _____
Name: _____ Phone: _____
Email: _____
Address: _____

Completed by: _____ Date: _____

PURCHASE ORDER INFORMATION:

You may submit orders via phone, fax or email.

Fax/Email:

Please fax or email your purchase orders to:

Phone: 866.246.2548
Fax: 866.926.8246
Email: info@AnodiaSystems.com

Please indicate an email address on the purchase order in order to receive an invoice receipt and confirmation once the order is shipped.

SHIPPING/RECEIVING INFORMATION:

- If the order is received by 3:00 PM (EST), we strive to ship out the order the same day it is received.
- We will drop ship the order to anywhere in the United States.
- We ship via UPS ground (unless otherwise requested). Please provide your UPS account number or we will place the shipping charge on your invoice if you do not have an established UPS account.

Dealer Applicant's Warehouse Shipping Information (if you have multiple warehouse locations, you may leave this section blank):

Company Name: _____
Attention: (i.e. Shipping/Receiving): _____
Address: _____
City/ST/Zip: _____
*UPS Account Number (if applicable): _____

BILLING INFORMATION & PAYMENT TERMS:

I/We certify that the above information is true and correct. The undersigned fully understands the credit terms of Anodia Systems (**Net 30 Days** or previously agreed upon terms) and agrees to pay within the due date according to the terms of sale stated on each invoice. I/We give authorization to you to contact our references.

Note: An authorized corporate officer must sign.

Company: _____ Date: _____
Signed by: _____ Title: _____

Accounts Payable Address: _____

Please provide the complete address where you would like us to submit monthly statements.
We do accept credit cards; however, a processing fee will be added to the invoice total.