



**REGAL NOBLE**



5944 Odana Road, Madison, WI 53719  
Orders: 866-776-6739  
Fax: 608-278-4402  
Info: 608-819-0312

## DEALER ACCOUNT & CREDIT APPLICATION

Applicants Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Sales Tax Number: \_\_\_\_\_

Business Fax Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Authorized Buyers: \_\_\_\_\_

Type of Business: Partnership \_\_\_\_\_; Proprietorship \_\_\_\_\_; Corporation \_\_\_\_\_

Name of the owner, partner, or Corporate Officer guaranteeing payment of all invoices for merchandise made in accordance with this agreement.

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_ SS#: \_\_\_\_\_

Home phone: \_\_\_\_\_

### REFERENCES:

Bank: \_\_\_\_\_ Account #: \_\_\_\_\_

Trade: \_\_\_\_\_ Phone: \_\_\_\_\_ Account: \_\_\_\_\_

Trade: \_\_\_\_\_ Phone: \_\_\_\_\_ Account: \_\_\_\_\_

Trade: \_\_\_\_\_ Phone: \_\_\_\_\_ Account: \_\_\_\_\_

Regal Noble must be notified of any changes in ownership or form of business. All statements are true and made to establish a wholesale account.

I certify all goods purchased are for RESALE and any SALES and USE TAXES are OUR RESPONSIBILITY. I affirm that I have the authority to enter into this agreement. The TERMS of sale and Discount Schedule is acknowledged as part of this agreement.

I acknowledge receipt of this agreement; my firm and I acknowledge and agree to all terms set forth by the submission of our order(s) for goods.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

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Web site: [www.regaldistributors.com](http://www.regaldistributors.com) – E-mail: [orderdesk@regaldistributors.com](mailto:orderdesk@regaldistributors.com)



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## **ACCOUNT AGREEMENT - CREDIT CARD AUTHORIZATION**

In order to accept and establish credit with Regal Noble, we require the following agreement to be in effect:

At any point in time when a payment for an invoice extends beyond 30 days, Regal Noble has the right to process payment using a credit card which belongs to the account ownership. This may be a personal credit card or company credit card.

Name on Credit Card: \_\_\_\_\_

Address of Card Holder: \_\_\_\_\_

\_\_\_\_\_

Credit Card Type: MC \_\_\_\_\_ VISA \_\_\_\_\_ American Express \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

V-Code (last 3 digits on back) \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

We will advise you by telephone or e-mail that we have utilized credit card payment in the situation as outlined above.

We appreciate timely payments and your cooperation in this matter. If you believe your payment will arrive late, please notify our credit department at 1-866-776-6739. In that case we may extend time before a credit card payment is utilized.

Thank you,

Han's Krueger  
Manager