

**NEW ACCOUNT APPLICATION**

**AQUARIUM LIFE SUPPORT SYSTEMS**

www.aqualifesupport.com  
Phone 865/588-0108

**SIGNATURE CORAL**

www.signaturecoral.com  
Phone 865/441-4885

1737 Louisville Dr • Knoxville, TN 37921 • FAX 865/588-1976

Please tell us which lines you are interested in (check all that apply):

**Aquarium Life Support Systems**     **Signature Coral**

How did you hear about us? \_\_\_\_\_

The undersigned company is applying for new account status and/or company check privileges with Signature Coral/Aquarium Life Support Systems and agrees to abide by the standard terms and conditions set forth herein. Signature Coral/Aquarium Life Support Systems sells to established accounts and dealers only and reserves the right to deny wholesale status at any time for any reason at our discretion.

Company Name \_\_\_\_\_ Federal Tax ID or SS # \_\_\_\_\_  
DBA (if different) \_\_\_\_\_ Type of Business \_\_\_\_\_  
Contact Person \_\_\_\_\_ Date Established \_\_\_\_\_  
Address \_\_\_\_\_ No. of Employees \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Company website: \_\_\_\_\_ Your website will be included in our dealer list.

Are you a (check one) :

\_\_\_\_\_ **Corporation** (State \_\_\_\_\_)    \_\_\_\_\_ **Partnership**    \_\_\_\_\_ **Sole Proprietorship**

Names, Titles and Addresses of Your Three Chief Officers or Partners

Name	Title	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name and Address of Your Resident Agent

\_\_\_\_\_

Are you state sales tax exempt? Yes \_\_\_\_\_ No \_\_\_\_\_ Sales Tax# \_\_\_\_\_ State \_\_\_\_\_

Have you ever had an account with us before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, under what name? \_\_\_\_\_

Authorized Purchasers \_\_\_\_\_

Purchase Order Required? Yes \_\_\_\_\_ No \_\_\_\_\_

**TRADE REFERENCES (3 REQUIRED)**

Name	Title	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

**BANK REFERENCES**

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

Address \_\_\_\_\_

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

Contact Person \_\_\_\_\_

Phone (    ) \_\_\_\_\_

**GENERAL TERMS AND CONDITIONS AND PERSONAL GUARANTEE**

1. Invoices are due upon receipt unless otherwise noted.
2. All invoices are due upon receipt unless otherwise specified. All invoices not paid within time specified, are considered past due.
3. A service charge of 2% per month will be added to all amounts billed if not paid upon receipt or within the term specified. Any and all legal fees incurred in the collection of past due accounts are the responsibility of the customer.
4. Signature Coral/Aquarium Life Support Systems is not responsible for the validity of any information obtained from credit reporting agencies.
5. PERSONAL GUARANTEE: If the customer is a corporation, then those signing this application, whether signing as an officer or not, personally guarantee payment for all items purchased by the corporation, partnership or sole proprietorship.
6. I authorize Signature Coral/Aquarium Life Support Systems to complete payment transactions on credit card information I provide as means of payment for orders.

I represent that the above information is true and is given to induce Signature Coral/Aquarium Life Support Systems to extend account privileges to the applicant. My company and I authorize Signature Coral/Aquarium Life Support Systems to make such credit investigation as Signature Coral/Aquarium Life Support Systems sees fit, including contacting the above trade references and banks and obtaining credit reports. My company and I authorize all trade references, banks and credit reporting agencies to disclose to Signature Coral/Aquarium Life Support Systems any and all information concerning the financial and credit history of my company and myself.

I have read the terms and conditions stated above and agree to all of those terms and conditions.

Authorized Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Company Name \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_