

# VENDOR APPLICATION

Please fax signed applications to +1 (800) 986-9319  
or email to info@matrixseatingusa.com

## APPLICANT INFORMATION

Line of Credit Requested: \_\_\_\_\_ Date: \_\_\_\_\_

Business Name: \_\_\_\_\_ (DBA): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

How long at this address? \_\_\_\_\_

Prior Business Address: \_\_\_\_\_

Federal Tax I.D. Number: \_\_\_\_\_ Do you use Purchase Orders? \_\_\_\_\_

Resale Tax Number: \_\_\_\_\_

**Please attach copy of tax exemption**

Location which payables are handled, if different from above:

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## OFFICERS AND KEY CONTACTS

President: \_\_\_\_\_ Controller: \_\_\_\_\_

Purchasing Manager: \_\_\_\_\_ Sales Manager: \_\_\_\_\_

Ship/Receiving Manager: \_\_\_\_\_ Accounts Payable: \_\_\_\_\_

A/P Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Number of Full-Time Employees: \_\_\_\_\_ Date business established: \_\_\_\_\_

Has the firm or any of its principals ever declared bankruptcy?  Yes  No

If yes, give date and please explain: \_\_\_\_\_

\_\_\_\_\_

**OWNERSHIP INFORMATION**

*Please check one:*

Corporation       Sole proprietor       Partnership       Individual

Other, please specify: \_\_\_\_\_ Approximate annual sales volume: \_\_\_\_\_

If NOT a corporation, please list principal information below:

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

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

Title: \_\_\_\_\_ SSN: \_\_\_\_\_

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

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

Title: \_\_\_\_\_ SSN: \_\_\_\_\_

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

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

Title: \_\_\_\_\_ SSN: \_\_\_\_\_

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

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

Title: \_\_\_\_\_ SSN: \_\_\_\_\_

**BANK REFERENCE**

*(Please complete Page 1 and the top portion before returning to Matrix Seating USA Inc.)*

Bank Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Account Number: \_\_\_\_\_

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

I hereby authorize the above named bank to release the information requested by Matrix Seating USA, Inc. pertaining to their experience with our account.

\_\_\_\_\_ Company

\_\_\_\_\_ Date

Signature

Title



**TRADE REFERENCES**

*Please list at least three trade references. FAX NUMBERS ARE PREFERRED.*

Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

In support of this application, Matrix Seating USA, Inc. is hereby authorized to obtain credit and/or financial information from my/our bank(s), other financial institutions, or commercial firms with whom we/I have done business. It is understood that any such credit and/or financial information will be held in strict confidence and used only in consideration of this application.

Upon approval of this application, it is agreed that all purchases will be paid in full and in accordance with the terms of sale as stated on Matrix Seating USA, Inc. invoice(s). Should I/we not pay, and should Matrix Seating USA, Inc. find it necessary to obtain assistance in collecting any past due balance, I/we agree to pay interest at the rate of 1% per month, reasonable attorney fees, collection fees and/or court costs allowable by law, not to exceed thirty three and one third percent. A copy of this statement and application has been received.

Any misrepresentation in this application will be considered evidence of fraud, since this information is the basis for the granting of credit. **Applicable Law.** This Agreement shall be interpreted and construed and legal relations created shall be determined in accordance with the laws of the State of Florida, without regard to its choice of law rules.

As an inducement to grant credit, the undersigned warrants that the information submitted is true and correct.

\_\_\_\_\_  
Authorized Signature Title Date

In consideration of credit being extended by Matrix Seating USA, Inc. to the above named applicant for merchandise to be purchased whether the applicant be individual or individuals, a proprietorship, a partnership, a corporation, or any other entity, the undersigned guarantor or guarantors each hereby contract and guarantee Matrix Seating USA, Inc. the faithful payment when due, of all accounts of said applicant for the purchases made within five years next after the date of this application. The undersigned guarantor or guarantors each hereby expressly waive all notice of acceptance of this guarantee, notice of extension of credit to applicant, presentment, and demand for payment on applicant, protest and notice to undersigned guarantor or guarantors of dishonor or default by applicant or with respect to any security held by Matrix Seating USA, Inc., extension of time of payment to applicant, acceptance of partial payment or partial compromise, all other notices to which the undersigned guarantor or guarantors might otherwise be entitled or demand for payment under this guarantee. Absent written permission by creditor, this personal guarantee may not be revoked.

\_\_\_\_\_  
Complete Name (please print)

\_\_\_\_\_  
Signature Date

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