



## POLAR AUTHORIZED DEALER APPLICATION

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Instructions: Print clearly in black or blue ink.

### DEALER APPLICATION CHECKLIST

TO ENSURE THAT YOUR APPLICATION WILL BE REVIEWED AS QUICKLY AS POSSIBLE,  
PLEASE DO THE FOLLOWING:

- 1) PRINT ALL PAGES
  
- 2) WRITE THE NAME OF THE POLAR SALES CONTACT RECEIVING THE APPLICATION IN  
THE ATTN FIELD ON THE FIRST PAGE
  
- 3) ATTACH A COPY OF YOUR RESALE CERTIFICATE TO THE APPLICATION
  
- 4) IF APPLYING FOR TERMS, PROVIDE THREE TRADE REFERENCES
  
- 5) SIGN & DATE THE APPLICATION
  
- 6) EMAIL COMPLETED APPLICATION TO: [Tricia.sterland@polarusa.com](mailto:Tricia.sterland@polarusa.com)

OR FAX TO: (630) 375-0386 Attn: Tricia Sterland



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**Attn:** \_\_\_\_\_  
 (POLAR SALES CONTACT)

**PREFERRED PAYMENT METHOD:**

- PREPAID (Wire Transfer / Credit Card)  
 NET 30 (Subject to credit approval)

**BILLING INFORMATION:**

BUSINESS NAME: \_\_\_\_\_  
 P.O. BOX# \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 SUITE / FLOOR or ROOM# \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 PHONE NO: (    ) \_\_\_\_\_ FAX NO: (    ) \_\_\_\_\_  
 EMAIL: \_\_\_\_\_  
 NUMBER OF RETAIL OUTLETS \_\_\_\_\_  
 CONTACT PERSON(S): \_\_\_\_\_ TITLE: \_\_\_\_\_  
 PHONE NO: (    ) \_\_\_\_\_ FAX NO: \_\_\_\_\_  
 A/P CONTACT PERSON(S): \_\_\_\_\_ PHONE NO: (    ) \_\_\_\_\_  
 EMAIL: \_\_\_\_\_ FAX No: \_\_\_\_\_

POLAR USE ONLY	
TAX JURISDICTION	
TIME ZONE	
CONDITION GROUP 1	
CLERK BANK STATEMENT	
SALES DISTRICT	
SALES GROUP	
PRICE LIST	
INCOTERMS	
SALES REP #	
CUSTOMER GROUP 2	
CUSTOMER GROUP 4	



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### RESALE CERTIFICATE:

**\*\*A COPY OF YOUR RESALE CERTIFICATE MUST BE ATTACHED TO THIS AUTHORIZED DEALER APPLICATION.\*\***

### MULTIPLE SHIP-TO INFORMATION:

BUSINESS NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

SUITE / FLOOR / ROOM# \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NO: (    ) \_\_\_\_\_ FAX NO: (    ) \_\_\_\_\_

EMAIL: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

SUITE / FLOOR / ROOM# \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NO: (    ) \_\_\_\_\_ FAX NO: (    ) \_\_\_\_\_

EMAIL: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

SUITE / FLOOR / ROOM# \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NO: (    ) \_\_\_\_\_ FAX NO: (    ) \_\_\_\_\_

EMAIL: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

SUITE / FLOOR / ROOM# \_\_\_\_\_



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CITY: STATE: ZIP:

PHONE NO: ( ) FAX NO: ( )

EMAIL:

DEALERS APPLYING FOR TERMS ONLY

DUN & BRADSTREET #: SS#: (If Sole Proprietorship)

TYPE OF BUSINESS COMPANY YEARS IN BUSINESS:

BANK: BRANCH:

CONTACT NAME: PHONE NUMBER:

ACCOUNT NUMBER:

TRADE REFERENCES:

\*\*PROVIDE THREE VENDORS THAT YOU PAY ON A 30 DAY BASIS \*\*

1) BUSINESS NAME:

CREDIT CONTACT:

ADDRESS:

PHONE NUMBER: ( )

FAX NUMBER: ( )

ACCOUNT NO.:

3) BUSINESS NAME:

CREDIT CONTACT:

ADDRESS:

PHONE NUMBER: ( )

FAX NUMBER: ( )

ACCOUNT NO.:

2) BUSINESS NAME:

CREDIT CONTACT:

ADDRESS:

PHONE NUMBER: ( )

FAX NUMBER: ( )

ACCOUNT NO.:

4) BUSINESS NAME:

CREDIT CONTACT:

ADDRESS:



Polar Electro Inc.  
1111 Marcus Avenue, Suite M15, Lake Success, NY 11042-1034  
Tel. (800) 290-6330 □ (516) 364-0400 □ Fax (516) 364-5454  
[www.polarusa.com](http://www.polarusa.com)

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PHONE NUMBER: (    ) \_\_\_\_\_

FAX NUMBER: (    ) \_\_\_\_\_

ACCOUNT NO.: \_\_\_\_\_



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### CREDIT TERMS AGREEMENT

**(Must be signed by applicants for credit terms with Polar)**

FOR THE PURPOSES OF OBTAINING CREDIT FROM POLAR ELECTRO INC., I CERTIFY THE INFORMATION PROVIDED IN THIS APPLICATION TO BE TRUE AND CORRECT. AUTHORIZATION IS HEREBY EXPRESSLY GRANTED FOR POLAR ELECTRO INC. OR ITS REPRESENTATIVES TO CONTACT ANY OF THE FOREGOING BANKS OR TRADE REFERENCES AND TO BE FURNISHED WITH ANY REQUESTED INFORMATION BY THEM.

IT IS UNDERSTOOD THAT ALL PURCHASES MADE DURING A GIVEN MONTH ARE PAYABLE WITHIN 30 DAYS. ACCOUNTS NOT PAID IN ACCORDANCE WITH THESE TERMS WILL BE CHARGED AT A RATE EQUAL TO THE LESSER OF THE MAXIMUM PERMITTED BY LAW OR 1% DELINQUENCY CHARGE PER MONTH.

IT IS HEREBY ACKNOWLEDGED THAT POLAR ELECTRO INC. IS UNDER NO OBLIGATION TO EXTEND CREDIT REGARDLESS OF WHETHER CREDIT HAS BEEN EXTENDED ON PRIOR OCCASIONS OR TO OTHER PERSONS AND THAT POLAR ELECTRO INC. MAY LIMIT OR CANCEL ANY CREDIT EXTENDED FROM TIME TO TIME.

\_\_\_\_\_  
**Name (Officer of Company)**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**



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### CREDIT CARD PAYMENTS ONLY

**PRIMARY CREDIT CARD:**

CARD TYPE: AMEX      VISA      MASTERCARD

ACCOUNT NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

CVV CODE: \_\_\_\_\_

KEEP THIS CREDIT CARD ON FILE

**ALTERNATE CREDIT CARD:**

CARD TYPE: AMEX      VISA      MASTERCARD

ACCOUNT NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

CVV CODE: \_\_\_\_\_

KEEP THIS CREDIT CARD ON FILE

**ALTERNATE CREDIT CARD:**

CARD TYPE: AMEX      VISA      MASTERCARD

ACCOUNT NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

CVV CODE: \_\_\_\_\_

KEEP THIS CREDIT CARD ON FILE

**ALTERNATE CREDIT CARD:**

CARD TYPE: AMEX      VISA      MASTERCARD

ACCOUNT NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

CVV CODE: \_\_\_\_\_

KEEP THIS CREDIT CARD ON FILE

**I AUTHORIZE POLAR ELECTRO INC. TO BILL MY CREDIT CARD. I UNDERSTAND THAT MY CREDIT CARD ACCOUNT(S) WILL BE BILLED AT THE TIME MY ORDER IS SHIPPED AND WILL INCLUDE APPLICABLE SHIPPING AND HANDLING COSTS.**

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME