



DEALER INFORMATION FORM

Date: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Fax: _____ Email: _____

Accounts Payable Contact: _____ Email: _____

PAYMENT INFORMATION:

Payment Method: () MasterCard () Visa () American Express () PPD Check () Check-by-Phone

Card Number: _____ Exp. Date: _____

CVS Number: (Three digit number located on the right-hand side of the back on the card): _____

Name on Card: _____

Statement Billing Address: _____

City: _____ State: _____ Zip: _____

Cardholder Signature: _____

() Please retain this credit card number on file for future invoices.

My signature below authorizes Screen Systems by Genius (SSG) to charge this credit card for any purchases (including freight charges) made by me or my company representative. I confirm that any open balance due to SSG will not exceed the total available credit limit on this card or I will make arrangements prior to shipment for payment of any overages. I understand that interest charges in the amount of 18% per annum will accrue starting on the 10th day after shipment (or Pick up) of my product order on unpaid balances, unless other arrangements have been approved by SSG.

Initials: _____

Client Signature: _____ Date: _____

SHIPPING INFORMATION:

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Phone: _____

Fed Ex Account # _____ UPS Account #: _____

Providing your own freight account numbers reduces the cost of shipping your products.

Fax completed form to: (775) 782-4183 or Email scanned form to: sales@screenitbygenius.com