



## **FMSI Automotive Hardware**

DBD: FMSI Edelmann Fittings / A Division of Nucleus Distribution Inc

Registered Business Name: _			
			Applicant Name:
	Account I	nformation	
Buying Group:		Member #: _	
Bill to:		Bill to:	
Address:		Address:	
City	State/Prov:	City	State/Prov:
Zip/Postal:	Country:	Zip/Postal:	Country:
Phone:	Fax:	Phone:	Fax:
AR Email:		AR Email:	1
	Company I	nformation	
Owner / President:			S.S / S.I.N #
Proprietorship	Partnership		Corporation
Buyer:		Manager:	
Years in business:	No of Sales Reps:		Territory Covered:
Federal Tax ID:	G.S.T#	-	P.S.T#
	Bank Re	ferances	
Banking Institution:		Manager:	:
Address:		City:	State/Prov:
Phone:		Account No:	
	Trade Re	eferances	
1. Company Name:			Phone:
2. Company Name:			Phone:
			Phone:
	Credit	Terms	
Amount of Credit Requested : \$		Est. Monthly Purchase: \$	
Monthly Statement Required? Yes No			FMSI Automotive Hardware Terms:
Please Note: Statements will not be issued for less than \$300			NET 30 Days from Date of Invoice
Authorized Si	gnature:		Date / /





