

ACCOUNT APPLICATION FORM

Customer full legal name: (i.e. not trading name)..... ("the Customer")

Trading as.....

Postal Address..... City..... State..... Zip.....

Physical Address: City..... State..... Zip.....

Telephone: Mobile: Fax:.....

Email: Website.....

Contact Name & Position:

OWNERSHIP DETAILS: Please insert Owner(s) / Directors Name(s) in full:

1..... Address:.....

2..... Address:.....

Type of Business.....

Date established..... Annual Sales Volume..... Number of locations:

Describe your customer base

Products or services you offer

Primary Gas Fireplace Brand Names you offer.....

TRADE REFERENCES		
Company	Fax Number	Account open since

In signing, I / We acknowledge that I / we are aware of all the terms of the DEALER Agreement which can be found at www.escea.com and the terms upon which credit is to be provided to THE DEALER and I / we hereby confirm that such credit as shall be available to THE CUSTOMER is at my / our request and the terms contained in this Agreement shall bind me / us jointly and severally as principal debtor.

EXECUTED AS AN AGREEMENT:

SIGNED for and on behalf of THE CUSTOMER

.....

.....