



ST. MORITZ

DEALER ACCOUNT / CREDIT APPLICATION

About The Company:

Legal Name:
Operating Name (if different from Legal Name):
Billing Address:
City: State or Province: Postal / Zip Code: Country:
Phone: Fax:
Shipping Address (if different from Billing Address):
City: State or Province: Postal / Zip Code: Country:
Phone: Fax:

Contact Information:

Company Owner / Store Manager:
Title: Phone: Email:
Accounts Payable:
Title: Phone: Email:
Watch Buyer:
Title: Phone: Email:

Miscellaneous Company Information:

Company Web Address: Company General Email Address:
Type of Business:
Catalogue Dive Jewellery Outdoor Other:
Date Established: Annual Sales (\$):
GST (BIN) or State Sales Tax Number:

Authorization:

In this application for credit, we understand your terms of payment are COD, Credit Card, or Net Thirty (30) Days, and agree to your interest charge of 2% per month on balance unpaid Thirty (30) Days after Invoice Date.

Name: Title:
Signature: Date:

St. Moritz Use Only

Customer ID: Rating:
Terms Given: Sales Rep Assigned:
Entered By: Date:



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