

PriorityStart![®]

Stops Dead Batteries

The Credit Application is on the following page.

Please note these five items first:

- 1.** It is very important that we have all fax numbers and email addresses, and that they are up-to-date and legible. Otherwise, the process can be greatly delayed.
- 2.** Please clearly sign the bottom of the application. This is very important, as we need to show this to your bank.
- 3.** Most banks will not give out Credit Information if the Account Number is not provided.
- 4.** If you have your *own* information already filled out separately, it is not necessary to fill out the portion on our application asking for references. However, please still fill out the first two sections and sign it at the bottom. Then email back along with your paperwork.
- 5.** Your first purchase order is required to be pre-paid via C.O.D. or Credit Card – even if your application has already been approved.

Thank you for noting these basic items. Following these instructions will make this a very quick process.

BLI Inc. Customer Service.

BLI International's Credit Application

Please legibly fill in the following information
Include ALL Email Addresses and FAX numbers

Date of this application: _____

Type of Business: (Please circle one below)
Corporation – Partnership – Proprietorship

Business Information:

Account Name _____

Phone Number _____ Fax Number _____

Owner (If Not Incorporated) _____

Street Address _____

City _____ State _____ Zip Code _____

Billing Address (If different from above) _____

City _____ State _____ Zip Code _____

Date Business Started _____ Anticipated Annual Volume with BLI _____

Website _____ Email _____

Officers of the Corporation:

President _____ Vice President _____

Secretary _____ Treasurer _____

Accounts Payable _____ Buyer _____

Contact Person _____ Title _____

Bank References:

Company Name _____

Street Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email _____

Account Number _____ Contact _____

Business References:

Company Name _____

Street Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email _____

Account Number _____ Contact _____

Company Name _____

Street Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email _____

Account Number _____ Contact _____

Company Name _____

Street Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email _____

Account Number _____ Contact _____

All information given is warranted to be true. I hereby authorize the firm to whom this application is being made to investigate references listed pertaining to our credit and financial responsibility.

Owner or Principle's Signature _____ Date _____

Please submit a copy of your Business License and Resale License with this form.

IMPORTANT NOTE: All fax numbers and email addresses must be present and updated or your application will not be processed!

PLEASE EMAIL BACK TO: Sales@prioritystart.com, Or Fax to (509) 276-8505

Baton Labs Inc. the Manufacturer of *PriorityStart!*

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