

**J. MITTON AND ASSOCIATES, INC  
DBA INTREPID INTERNATIONAL  
116 KING COURT INDUSTRIAL PARK  
PO BOX 422  
NEW HOLLAND, PA 17557  
PHONE 717-354-4822, 800-347-0033  
FAX 717-354-0944  
E-MAIL: [info@intrepidintl.com](mailto:info@intrepidintl.com)**

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WELCOME!

WE ARE LOOKING FORWARD TO DOING BUSINESS WITH YOUR COMPANY. WE HOPE THIS WILL BE THE START OF A GOOD BUSINESS RELATIONSHIP FOR BOTH OF OUR COMPANIES. TO SET-UP YOUR ACCOUNT, WE ASK THAT YOU COMPLETE THE APPLICATION WITH THIS PAGE.

FOR AN OPEN ACCOUNT OR COD – TRADE REFERENCES MUST BE COMPLETED IN FULL SO THE CREDIT APPLICATION CAN BE PROCESSED. CREDIT CARDS MAY ALSO BE USED FOR PAYMENT.

THE PENNSYLVANIA SALES TAX EXEMPTION CERTIFICATE MUST BE COMPLETED BY ALL CUSTOMERS. THE STATE OF PENNSYLVANIA REQUIRES WE HAVE A SIGNED FORM ON FILE FOR ALL CUSTOMERS, REGARDLESS OF THEIR HOME STATE.

**NO ORDERS CAN BE SENT OUT WITHOUT A SALES TAX FORM ON FILE.**

WE THANK YOU FOR YOUR TIME IN COMPLETING OUR CUSTOMER APPLICATION. IF YOU HAVE ANY QUESTIONS, PLEASE CALL US AT 800-347-0033

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**DATE OF APPLICATION:** \_\_\_\_\_

**CUSTOMER INFORMATION:**

NAME OF BUSINESS: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ YEARS IN BUSINESS \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

DO WE HAVE PERMISSION TO SEND FAXES TO YOUR BUSINESS? YES \_\_\_ NO \_\_\_

FEDERAL ID. # \_\_\_\_\_ E-MAIL \_\_\_\_\_

WOULD YOU LIKE YOUR FLYERS E-MAIL OR BY MAIL? CIRCLE ONE – E-MAIL MAIL  
PLEASE NOTE: ADDITIONAL SPECIALS AND CONSIDERATIONS AVAILABLE THROUGH E-MAIL.

**PRINCIPALS/OFFICERS & TITLES:**

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

CHECK ONE: CORPORATION ( ) PARTNERSHIP ( ) PROPRIETORSHIP ( )

**DESIRED ACCOUNT STATUS (CHECK ONE)**

- \_\_\_\_\_ C.O.D.
- \_\_\_\_\_ CREDIT CARD/CASH (2% DISCOUNT)
- \_\_\_\_\_ OPEN ACCOUNT

AMOUNT OF CREDIT DESIRED \_\_\_\_\_

CREDIT CARD# \_\_\_\_\_ VISA \_\_\_\_\_ MC \_\_\_\_\_ DIS \_\_\_\_\_ AE \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_ PIN# \_\_\_\_\_

NAME ON CREDIT CARD: \_\_\_\_\_

BILLING ADDRESS FOR CARD: \_\_\_\_\_

CREDIT CARD INFORMATION MAY BE PROVIDED AT TIME OF FIRST ORDER IF CUSTOMER PREFERS.

**TRADE REFERENCES**

COMPANY NAME \_\_\_\_\_ ACCOUNT# \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX ; \_\_\_\_\_ (required)

COMPANY NAME \_\_\_\_\_ ACCOUNT# \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX ; \_\_\_\_\_ (required)

COMPANY NAME \_\_\_\_\_ ACCOUNT# \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX ; \_\_\_\_\_ (required)

**BANK REFERENCES:**

NAME: \_\_\_\_\_ ACCT# \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE# \_\_\_\_\_  
\_\_\_\_\_

NAME: \_\_\_\_\_ ACCT# \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE# \_\_\_\_\_  
\_\_\_\_\_

I, the undersigned, hereby authorize the business and banking references I have given herein, to disclose information necessary to enable you to assess our credit worthiness for the purpose of establishing an account. I further understand that I must adhere to the terms of payment in order to maintain an open account status and that I have read, understand and agree to the terms of doing business on the inside front cover of the Intrepid International current catalog. if payments are not made within terms, collection fees and attorney fees will be the responsibility of the debtor.

SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_

DRIVER LICENSE NUMBER: \_\_\_\_\_ SOC. SEC. #: \_\_\_\_\_

**PLEASE NOTE: ON THE PENNSYLVANIA EXEMPTION CERTIFICATE**

ALL CUSTOMERS MUST COMPLETE TAX FORM. SALES TAX# IS TO BE ENTERED ON LINE 3 FOR PENNSYLVANIA BASED CUSTOMERS. CUSTOMERS FROM OTHER STATES NEED TO COMPLETE LINE 7. IF YOUR STATE DOES NOT HAVE SALES TAX# PLEASE MARK ON LINE 7 ACCORDINGLY. SIGNATURE, DATE, BUSINESS NAME AND ADDRESS **REQUIRED**.