



SINCE 1956

THUNDER GROUP®

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NEW ACCOUNT APPLICATION

For Dealer & Distributor only

DATE: _____

RESALES NO.: _____

TH NO.: _____

D & B NO.: _____

APPLICATION INFORMATION

COMPANY NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CONTACT PERSON _____

ACCOUNTS PAYABLE CONTACT _____ PHONE NUMBER _____ FAX NUMBER _____

NUMBER OF EMPLOYEES HERE _____ NO. OF YEARS IN BUSINESS UNDER THIS NAME _____ SALES VOLUME _____ CREDIT LINE REQUESTED _____

TYPE OF BUSINESS

SOLE PROPRIETORSHIP

PARTNERSHIP

CORPORATION IN STATE OF _____

SUBSIDIARY

DIVISION

OWNERSHIP	NAME OF OWNER	PHONE NUMBER	FAX NUMBER
	HOME ADDRESS	CITY	STATE ZIP
	NAME OF OWNER	PHONE NUMBER	FAX NUMBER
	HOME ADDRESS	CITY	STATE ZIP

TRADE REFERENCE	NAME OF BUSINESS	PHONE NUMBER	FAX NUMBER	CONTACT PERSON
	ADDRESS	CITY	STATE	ZIP
	NAME OF BUSINESS	PHONE NUMBER	FAX NUMBER	CONTACT PERSON
	ADDRESS	CITY	STATE	ZIP
	NAME OF BUSINESS	PHONE NUMBER	FAX NUMBER	CONTACT PERSON
	ADDRESS	CITY	STATE	ZIP
	NAME OF BUSINESS	PHONE NUMBER	FAX NUMBER	CONTACT PERSON
	ADDRESS	CITY	STATE	ZIP

BANK REFERENCE	NAME OF BANK	PHONE NUMBER	FAX NUMBER
	ADDRESS	CITY	STATE ZIP

PLEASE ATTACH A VALID COPY OF YOUR RESALE CERTIFICATE

APPROVED DISCOUNT: _____ APPROVED TERM: _____

- CREDIT APPROVED _____
- CREDIT DISAPPROVED _____

DATE ____ / ____ / ____

All statements made here in are true and accurate. We here by indemnify the above company and its agents, from and any liability resulting from the credit application.

AUTHORIZED SIGNATURE _____

TITLE _____ DATE ____ / ____ / ____