

# Hot Surface Igniters



Round #700-4-1SA



Flat #700-2-1SA

Introducing **“TrueStart”**

## Hot Surface Silicon Nitride Universal Igniter Kits

- Universal kit – either Round or Flat configuration
  - Each Igniter tested 100% for reliability
  - Assembled in Auburn, Indiana USA
    - C S A Certified
    - 3 – Year Warranty
    - Fits over 120 applications
- Limited Time Offer to HVAC Wholesalers Only

Visit our web site for **Product Literature** at [WWW.SCPLIMITED.COM](http://WWW.SCPLIMITED.COM)

**SCP Limited Inc.,** 1700 S. Indiana Ave. P.O. Box 560 Auburn, IN 46706

Corporate Office: **260-925-2588**

Return enclosed **Credit Application** along with a copy of your State Sales **Tax Exempt** Certificate (ST105) and Igniter **Order Form..... Fax to 260-925-6321**

	TrueStart	Igniters Direct	Igniter Source	MARS	Robertshaw	Starlite	Supco	Surface Igniter	White Rogers
Round	700-4-1SA	HSIURK120V		67940			SSN2000		21D64-2
Flat	700-2-1SA	HSIURK120VF	i360	67930	41-1090		SSN3000	SN002KX	



## Order Form

Contact Information		
Company Name:	Contact:	
Phone #:	Email Address:	
Fax #	Customer Account #	
Billing Information		
Attn:		P.O. #:
Address:		
City:	State:	Zip Code:
Shipping Information		
Attn:		
Address:		
City	State:	Zip Code:

Order	
Part #	Quantity
700-2-1SA (Flat)	
700-4-1SA (Round)	

**Terms: Net 30 Days**

YOU MAY ALSO FAX YOUR ORDER TO SALES AT 260-925-6321.

If you have any questions, please call SCP at 260-925-2588.

\*\*If tax exempt, we need a copy of your Sales Tax Certificate for our records.

Your business is greatly appreciated!

# CREDIT APPLICATION FOR A BUSINESS ACCOUNT

## BUSINESS CONTACT INFORMATION

Title:

Company name:

Phone:

Fax:

E-mail:

Registered company address:

City:

State:

ZIP Code:

Date business commenced:

Sole proprietorship:

Partnership:

Corporation:

Other:

## BUSINESS AND CREDIT INFORMATION

Primary business address:

City:

State:

ZIP Code:

Telephone:

Fax:

E-mail:

Bank name:

Bank address:

Phone:

City:

State:

ZIP Code:

Type of account:

Account number:

Savings:

Checking:

Other:

D & B Account number:

## BUSINESS/TRADE REFERENCES

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

## AGREEMENT

All invoices are to be paid 30 days from the date of the invoice.

Claims arising from invoices must be made within seven working days.

By submitting this application, you authorize SCP Ltd. Inc. to make inquiries into the banking and business/trade references that you have supplied.

Signatures

Title:

Title:

Date:

Date:

A Signed Copy of this credit application Must be faxed to 260-925-6321 or mailed to SCP LIMITED • 1700 S. Indiana Ave. • P.O. Box 560 • Aubutn, IN 46706

I have read and understood that this document must be signed and faxed or mailed.