



**DEALER APPLICATION**

Company Name \_\_\_\_\_

Billing Address \_\_\_\_\_ City State Zip \_\_\_\_\_

Shipping Address \_\_\_\_\_ City State Zip \_\_\_\_\_

Type of Business \_\_\_\_\_ Years in business \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Type of Ownership:  Corporation  Partnership  Sole proprietor

Owner/Principal(s) \_\_\_\_\_

**Open Account References**

1. Name \_\_\_\_\_ Account Number \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Contact \_\_\_\_\_

2. Name \_\_\_\_\_ Account Number \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Contact \_\_\_\_\_

**Bank References**

1. Name \_\_\_\_\_ Account Number \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Contact \_\_\_\_\_

2. Name \_\_\_\_\_ Account Number \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Contact \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_ TITLE \_\_\_\_\_

**InterOffice Use Only:**

APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_

CREDIT LIMIT \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_