

Dealership / Distributorship Application Form

Company Information

Company Name					
Street Address					
City		State		Zip Code	
Phone Number		Fax Number			
Email Address					
Current Dealerships (List all)					
Company Type		Website Address			
Annual \$ Volume		Anticipated Monthly \$ Purchases			
Tax Exemption (Y/N)		Resale Tax Certificate Number			
Number of Employees		Number of Years in Business			

Full Names and Titles of Officers Partners or Owners

Name	Title

Trade References

Reference #1					
Company Name					
Street Address					
City		State		Zip Code	
Phone #		Fax #			
Email Address					
Contact Name					
Reference #2					
Company Name					
Street Address					
City		State		Zip Code	
Phone #		Fax #			
Email Address					
Contact Name					
Reference #3					
Company Name					
Street Address					
City		State		Zip Code	
Phone #		Fax #			
Email Address					
Contact Name					

Authorized Signature

Name		Title	
Signature		Date	

I hereby certify the information herein is correct