



DEALER APPLICATION

Fill out form completely and include a copy of the following: Your application may be denied if all the requested information is not included.

- 1. Copy of Sales tax permit
2. Copy of current business license
3. Business card and/or current listing in telephone directory.

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Mailing/Billing Address(If different): _____

City: _____ State: _____ Zip: _____

E-Mail: _____

Is your Business: () Corporation () Sole Proprietorship () Partnership

Date Business Started: _____ Fed Tax I.D. _____

Business Type: () Repair () Dealer () Other: _____

Payment Options: () C.O.D () Credit Card

Do you require a purchase order: () Yes () No

Name(s) of authorized buyers: _____

List three references below: Name/Phone/Business:

Three horizontal lines for listing references.

Signature _____ Date: _____

Must be owner or officer of company