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DEALERSHIP APPLICATION *(Minimum required purchases \$5,000 per year.)*

Business Name: _____ Date: _____
 Street Address: _____ Tel: _____
 City/State/ZIP: _____ Fax: _____
 Contact: _____ Years in Business: _____
 E-Mail Address: _____ Ship COD? Yes/No: _____

TYPE OF BUSINESS: *(If incorporated, list names of officers)*

President/Owner: _____
 Vice-Pres: _____
 Secretary: _____
 Treasurer: _____
 Bank Name: _____ Tel: _____
 Account No: _____ Contact: _____

- Corporation
- Partnership
- Proprietorship
- Other (Specify)

List three suppliers with whom you have established a dealership with:

NAME	ADDRESS	TELEPHONE / FAX NUMBERS
		(T)
		(F)
		(T)
		(F)
		(T)
		(F)

2

CREDIT APPLICATION *(Minimum required purchases \$5,000 per year.)*

Credit Requested: _____ Credit Approved: _____
 Our principal business is: _____
 Authorized By: _____ Date: _____

Office use only do not write below this point							
Cust. #	Terms	Approved By	Confirmed by	Category Code	Sales Code	Class Code	Lit. Sent