

DEALER APPLICATION

COMPANY INFORMATION

Date _____

Legal Company Name _____

Doing Business As (DBA) _____

Owners Name _____ EIN#: _____

Office# _____ Mobile # _____

Email _____ Website _____

SHIP TO Street Address _____

City _____ State _____ Zip _____

BILL TO Street Address _____

City _____ State _____ Zip _____

How did you hear about us? _____

LIST OF AUTHORIZED BUYERS

Name _____ Email _____

Name _____ Email _____

Name _____ Email _____

ACCOUNT INFORMATION - BILLING

Credit Card, please provide number _____

Exp Date _____ CVC Code _____ Billing Address (Numbers only) _____ Zip Code _____

Do you require a Purchase Order per order? _____

TERMS AND CONDITIONS

I agree to the Term and Conditions of responsibilities of being an DoorWorks Enclosures dealer. I authorize DoorWorks Enclosures to charge my credit card the day of shipment.

***All order must be placed online at orders@dwparts.com**

***If you are ordering a special-order enclosure, 4Pass, 6Pass or larger, please include a side view picture of the cart. (NO angles, must have the entire roof in the picture)**

If you have any questions, please contact Donna Morgan @ 866-888-3667 or info@dwparts.com.

Dealer Signature _____ Date _____