



DEALER APPLICATION

BUSINESS INFORMATION

Company Name: _____ DBA (if applicable): _____

Contact Name: _____ Email: _____ Phone: _____

Address: _____ Suite / Unit Number: _____ City: _____

State / Province: _____ Zip / Postal Code: _____ Country: _____ Are you a U.S. Based Company?: Yes: No:

List of Owner(s) Names / Corporate Officers and Titles: _____

Type of Business: Sole Proprietorship: Partnership: LLC: Corporation: (State Incorporated in?): _____

Number of Years in Business: _____ Business License Number: _____ Tax Resale Number: _____

Company Website: _____ Company Social Media Pages: _____

Are You a Franchise Dealership?: Yes: No: List Manufacturers: _____

Do You Sell Retail To The Public?: Yes: No: Do you sell on 3rd Party Websites?: (List Websites) _____

Would you like to be listed on our Dealer Locator? : Yes: No:

REFERENCES

Company Name: _____ Contact Name: _____

Phone: _____ Annual Purchase Amount: _____

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