



New Dealer Application

We are always looking for new dealers to expand our network. If you are interested in becoming a dealer of EZ WASH WAND products please complete this form.

Dealer Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____ Company E-mail _____

Company Web Address: _____

Principal Contact: _____ Title: _____

Principal Contact E-mail: _____

Primary Market: _____ Primary Means of Marketing: _____

Number of Physical Store: _____ Physical Store Address:

Store # 1: _____

Store # 2: _____

Store # 3: _____

Store # 4: _____

Store # 5: _____

If more than 5 stores, please attach additional addresses on a separate form

Please list 3 trade references:

1. _____

2. _____

3. _____

Please list Bank Information:

Resale #: _____

Bank Name: _____ Bank Phone #: _____

Bank Contact Name: _____ Bank Account #: _____

Please email this completed form to: **EZWashWand@yahoo.com**
Our representative will be in contact with you, Thank You for your time and interest.