



46551 Wright Rd STE 140
Stafford, TX 77477
281-741-8025

NEW DEALER INFORMATION FORM

Legal Business Name: _____

DBA: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email Address: _____

Website: _____

Buyers Name: _____

Accounts Payable Contact: _____

Sole Proprietor: _____ Corporation: _____ LLC: _____

Date Established _____ Years in Business _____

Names of Officers: _____

Sale Tax Exempt # ****Copy of certificate required**** _____

Trade references:

Supplier	Acct #	Address	City, State, Zip	Telephone #
Supplier	Acct #	Address	City, State, Zip	Telephone #
Supplier	Acct #	Address	City, State, Zip	Telephone #

Signature of Company Officer

Title

Print Name

Date