



DEALER/INDEPENDENT SALES REP APPLICATION

Business Information:

Company Name: _____ Type _____

Business Address: _____

City: _____ ST: _____ Zip: _____

PHONE: _____ FAX: _____ Email: _____

FEIN: _____ Sales Tax No: _____

(Attach the copy)

DNB # _____ Expected Monthly Purchase: _____

Personal Information:

First Name _____ Last Name _____

Home Address _____

City: _____ ST: _____ Zip: _____

Cell: _____ Email: _____

Experience/No Of years in Business _____

References:

1. Name: _____ Tel: _____

2. Name: _____ Tel: _____

3. Name: _____ Tel: _____

I authorize investigation of all statement contain here in and references, and Release the company from all liability for any damage that may result from utilization of such information.

Sign _____

Date _____

Office Use Only:

Ref _____ Setup Category _____ Price Structure _____

Commission _____ probation _____ Sales Rep _____ A/C _____

Approved by _____ Date _____