



DEALER APPLICATION

ACCOUNT NAME : _____

NAME OF BUYER(S) : _____

NAME OF OWNER(S) : _____

BILLING ADDRESS : _____

PHONE : _____ EMAIL : _____

YEAR IN BUSINESS : _____ PROJECTED ANNUAL SALES VOLUME: _____

CORPORATE NAME : _____

BUSINESS STRUCTURE (SOLE PROPRIETOR, CORP., LLC, PARTNERSHIP): _____

FEDERAL TAX I.D. : _____ DUN#: _____

RESALE PERMIT NO. (PLS SUBMIT RESALE CERTIFICATE COPY): _____

SHIP TO ADDRESS : _____

TRADE REFERENCES

1. _____

2. _____

3. _____

AUTHORIZED SIGNATURE : _____

PRINT NAME : _____ DATE : _____



INTENT OF USE

(PROVIDE SUMMARY OF YOUR BUSINESS PLAN AND DETAL MARKETING, SALES AND DISTRIBUTION PLAN)

Lined area for writing the summary of the business plan, marketing, sales, and distribution plan.

AUTHORIZED SIGNATURE : _____

PRINT NAME : _____ DATE : _____