

DIAMONDBACK RESELLER APPLICATION



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RESELLER INFORMATION

Date: _____

Dealership Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Ph: _____ Fx: _____

Website: _____

Owner's Full Name: _____

Owner's Address: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Sales Tax ID #: _____

***In PA: Attach Copy of Signed Blanket Resale Certificate

Corporation Partnership Proprietorship

Year Established: _____

REFERENCES

1. _____

Account #: _____ PH: _____

2. _____

Account #: _____ PH: _____

CONTACTS

Name: _____ Sales Shipping Accounts Receivable

Email: _____ PH: _____

Name: _____ Sales Shipping Accounts Receivable

Email: _____ PH: _____

Name: _____ Sales Shipping Accounts Receivable

Email: _____ PH: _____