

# DIAMONDBACK RESELLER APPLICATION



**DIAMONDBACK**

354 Enterprise Dr | Philipsburg, PA 16866 | www.diamondbackcovers.com | PH: 1.800.935.4002 | FX: 866-311-3232

**This application is for selling DiamondBack products in brick & mortar/retail locations only.**

## 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

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