

Dealer Application Form

To qualify as a Curve Industries Dealer, you must fill out this application and return it with the necessary proof of dealership as described in item # 10 below. Orders are preferred to be paid for by: company check, certified check, money order, or credit card. Please fax or email form to address or fax # listed below.

Date: ____/____/____

Customer Number _____
(To be assigned by Curve Industries)

1. Name of Business: _____
(Always place your orders and pay under this name)

Billing Address:

2. Street: _____ City: _____ State: _____ Zip Code: _____

Shipping Address:

Street: _____ City: _____ State: _____ Zip Code: _____

3. Business Phone: (____) _____ Fax: (____) _____ E-Mail: _____

4. Owner's Name: _____ Home Phone: (____) _____

5. Contact Person: _____ Accounts Payable Person: _____

6. Tax ID # _____

7. Your Bank: _____ Branch: _____
Street: _____ City: _____ State: _____ Zip Code: _____
Bank Phone Number: (____) _____

8a. Do you wish to pay by Company Check? Yes No

8b. If yes, you must send a copy of an invoice from another supplier indicating that your company check was accepted.

9. Date your business was established: ____/____/____

**** Important in order for your dealer application to be processed you must include the following****

- 10.
- A) Copy of your state resale business license or your vendor's license, include tax ID number.
 - B) Copy of an invoice from a present supplier in the recreational or automotive field. (Include terms of payment).
 - C) A photo of your present facility.
 - D) Three company references you have current accounts with including **Name, Address, Phone #, Fax #, Email.**

	<u>Name</u>	<u>Address</u>	<u>Phone #</u>	<u>Fax #</u>	<u>Email Address</u>
Company 1	_____	_____ _____ _____	_____	_____	_____
Company 2	_____	_____ _____ _____	_____	_____	_____
Company 3	_____	_____ _____ _____	_____	_____	_____

Email or Fax Completed Form: