

Dealer Intent Form

New Customer Existing Customer Potential Customer

Circle One: Implement Dealer Grain Elevator Equipment OEM Electronic Manufacturer

Please Fill out this form and Email Back to us

CUSTOMER INFO

Company Name: _____

Type of Business: _____

Date of Incorporation: _____ State Incorporated: _____

Federal Tax ID #: _____ # of Employees _____

Bill to Address: _____

Bill to City: _____ State: _____ Zip: _____

Telephone: _____ Cell #: _____

Fax #: _____

Ship to Address: _____

Ship to City: _____ State: _____ Zip: _____

Telephone: _____ Cell #: _____

Fax #: _____

Sales Manager: _____ Email: _____

Telephone: _____ Cell #: _____

Parts Manager: _____ Email: _____

Telephone: _____ Cell #: _____

Accounts Payable: _____ Email: _____

Telephone: _____ Cell #: _____

BANK INFO

Bank Name: _____ Contact: _____

Telephone: _____ Fax #: _____

Address: _____

Account #: _____ Routing #: _____

Swift Code: _____

CREDIT INFO

Credit Reference #1: _____ Email: _____

Telephone: _____ Cell #: _____

Credit Reference #2: _____ Email: _____

Telephone: _____ Cell #: _____

Credit Reference #3: _____ Email: _____

Telephone: _____ Cell #: _____

Dealer Distributer OEM

Type: _____

Carry: In Stock Order as Needed

PRODUCT:	PURCHASE:	CURRENTLY PURCHASED THROUGH:	QTY:
Planter Sensors:	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____
Monitors:	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____
GPS/Radars:	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____
Moisture Testers:	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____
Connectors:	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____
Harnesses:	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____
Extensions:	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____
Adapters:	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____
Monitor Evaluation & Repair:	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____

Signature: _____ Date: _____

Printed Name: _____ Title: _____