



Dealer Application

Please fill out this form completely and include a copy of the following: Your application may be denied if all the requested information is not included.

- 1.) Copy of Sales tax Permit
- 2.) Copy of current business license
- 3.) Business card and/or current listing in telephone directory

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Mailing/Billing Address (If different): _____

City: _____ State: _____ Zip: _____

E-Mail: _____

Is your Business: Corporation Sole Proprietorship Partnership

Date Business Started: _____ Fed Tax I.D. _____

Business Type: Repair Dealer Other: _____

Payment Options: C.O.D. Credit Card

Do you require a purchase order: Yes No

Name(s) of authorized buyers: _____

List three references below: Name/Phone/Business:
