

Dealer Company Information

Please complete.

Business Name:

D/B/A:

Phone:

Fax:

Street Address:

City:

State:

Zip Code:

Type of Business:

Date Established:

Does State, County or City
Require a License?

If YES, License
Number:

Federal Tax ID Number:

Resale Number:

Estimated Annual Sales:

Number of Employees:

Sales Territory:

Ownership (Please **check**):

Sales Owner

Partnership

Corporation

Principal Information

Name

Address

Title

SS#

1.

2.

3.

Trade References

Company Name

Address

Phone

Fax

1. :

2.

3.

Bank References

Name

Address

Account Number

Contact

1.

2.

3.

Has the firm or any of its principals ever filed for bankruptcy?

_____ Yes

_____ No

If YES, please explain:

Completed By:

Company

Title

Name

Date

