

### Dealer Company Information

**Please Complete.**

Business Name: \_\_\_\_\_

D/B/A : \_\_\_\_\_

Phone : \_\_\_\_\_ Fax : \_\_\_\_\_

Email Address : \_\_\_\_\_

Street Address : \_\_\_\_\_

City : \_\_\_\_\_ State : \_\_\_\_\_ Zip Code : \_\_\_\_\_

Type of Business: \_\_\_\_\_ Date Established : \_\_\_\_\_

Does state, County or City Require is a License? \_\_\_\_\_ If Yes, License Number: \_\_\_\_\_

Federal tax ID Number: \_\_\_\_\_ Resale Number : \_\_\_\_\_

Estimated Annual Sales: \_\_\_\_\_ Number of Employees : \_\_\_\_\_ Sales Territory : \_\_\_\_\_

Ownership ( Please Circle):    Sole Owner    Partnership    Corporation

### Principal Information

Name	Address	Title	SS#
1			
2			
3			

### Trade References

Name	Address	Phone	Fax
1			
2			
3			

### Bank References

Name	Address	Account Number	Contact
1			
2			
3			

**Contacts**

Contact ( First, Last Name )	Title	Email Address
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1. Send order acknowledgements to:

2. Send invoice to:

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

Yes

No

If YES, Please explain:

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Completed By:

\_\_\_\_\_  
Company

\_\_\_\_\_  
Title

\_\_\_\_\_ Name

\_\_\_\_\_ Date

