

Dealer Application

Business Information

Business Name					
Telephone		Fax			
Address					
City		State		Zip	
D.B.A.					
Federal Tax ID #		D&B #			
Type of Business		Date Established		How long in business	
Are you tax-exempt?	Yes / No	If yes, certification number			
No of employees		No of locations			
Ownership	Sole Owner / Partnership / Corporation				

Principal

No	Name	Title	SSN	Address
1				
2				
3				

Trade References

No	Name	Address	Telephone	Fax
1				
2				

Bank References

No	Type	Name	Account	Address	Contact
1	Checking/Saving/Loan				
2	Checking/Saving/Loan				

Applicant agrees to pay any collection costs incurred to collect the account balance, including reasonable attorney's fee. The undersigned as an inducement to grant credit, warrants that the information submitted is true and correct. You are authorized to investigate the credit references listed above.

(Signature)_____
(Print Name)