



(Free space for your company stamp)

Fax: 866-591-6440

Authorized Dealer Application

Company information

Name of Business:			
Address:			
City:	State:	Zip:	Phone:
Website:	E-mail Address:		
Other manufacturer's stocked:	Scale:	DCC/DC:	

Name of company principal responsible for business transactions

Last:	First:	Middle Initial:	Title:
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Legal and payment information

Type of business:	In business since:		
Legal form under which business operates:	<input type="checkbox"/> Storefront	<input type="checkbox"/> Internet only business	
Tax I.D. number:			
Preferred payment option: <i>Please choose between the two options offered.</i>	<input type="checkbox"/> Business check	<input type="checkbox"/> Credit card	

Credit card billing information

Type:	Card number:	Valid thru:	V-Code:
Address:	City:	State:	Zip:

Trade references

Company name:	Company name:	Company name:
Contact name:	Contact name:	Contact name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Account opened since:	Account opened since:	Account opened since:

Please include a copy of your **Certificate of Exemption** or **Business License** to avoid charge of sales tax!

I hereby certify that the information contained herein is complete and accurate.

Name (please print):	Signature	Date
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