



New Dealer Application

CONTACT INFORMATION	
YOUR NAME	TITLE
EMAIL	PHONE

BUSINESS INFORMATION AS REGISTERED			
COMPANY NAME DBA			
ADDRESS		PHONE	
CITY	STATE	ZIP CODE	
LENGTH OF TIME AT CURRENT ADDRESS: _____ YEARS _____ MONTHS			
TYPE OF BUSINESS : SOLE PROPRIETORSHIP PARTNERSHIP LLC CORPORATION OTHER			

BANK INFORMATION (ONLY NEEDED IF YOU ARE APPLYING FOR NET 30 TERMS OR ACH DEBIT)			
BANK NAME		CONTACT NAME	
ADDRESS		PHONE	
CITY	STATE	ZIP CODE	
TYPE OF ACCOUNT		ACCOUNT NUMBER	
SAVINGS			
CHECKING			

CREDIT CARD INFORMATION (ONLY NEEDED IF YOU ARE REQUESTING CREDIT CARD PREPAYMENT)		
NAME ON THE CARD		
BILLING ADDRESS		
CITY	STATE	ZIP CODE
CREDIT CARD NUMBER		
EXPIRATION DATE	CVV	

BUSINESS REFERENCES (ONLY NEEDED IF YOU ARE APPLYING FOR NET 30 TERMS)		
Please provide three other companies with whom your business has open account terms		
1 COMPANY	CONTACT NAME	
PHONE	EMAIL	
ADDRESS	TITLE	
CITY	STATE	ZIP CODE
COMMENTS		

