



# New Dealer Application

CONTACT INFORMATION	
NAME:	TITLE:
EMAIL:	PHONE:
ACCOUNTS PAYABLE NAME:	ACCOUNTS PAYABLE EMAIL:

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			
SALES TAX ID NUMBER:		<b>PLEASE ATTACH A COPY OF YOUR SALES TAX-EXEMPT CERTIFICATE</b>	

<b>PREFERRED METHOD OF PAYMENT:</b> _____ ACH _____ CREDIT CARD _____ NET 30
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CREDIT CARD INFORMATION (ONLY NEEDED IF YOU ARE REQUESTING CREDIT CARD PREPAYMENT)			
NAME ON THE CARD:			
CREDIT CARD NUMBER:		EXPIRATION DATE:	CVV:
BILLING ADDRESS:	CITY:	STATE:	ZIP:

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:	
<b>TYPE OF ACCOUNT</b>		<b>ACCOUNT NUMBER</b>	
SAVINGS			
CHECKING			

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:	





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2   COMPANY:		CONTACT NAME:	
PHONE:		EMAIL:	
ADDRESS:		TITLE:	
CITY:	STATE:	ZIP CODE:	
COMMENTS:			

3   COMPANY:		CONTACT NAME:	
PHONE:		EMAIL:	
ADDRESS:		TITLE:	
CITY:	STATE:	ZIP CODE:	
COMMENTS:			

<b>CREDIT AGREEMENT</b>			
1   All invoices must be paid within 30 days of the date issued.			
2   Any claims regarding an invoice issued must be made within 7 days of receipt of item receipt.			
3   You authorize inquiry into the banking and business references provided within this application.			
4   Credit card and ACH customers authorize payment upon shipment of product orders.			
5   By signing below, I authorize that I am a registered agent for the above named company authorizing use of the credit card on page 1, or use of the bank account on page 1 for payment.			

<b>COMPANY REPRESENTATIVES</b>	
1   SIGNATURE	TITLE
NAME	DATE

2   SIGNATURE	TITLE
NAME	DATE

<b>NOTES &amp; COMMENTS</b>