



Confidential Dealer Application

DATE:

COMPANY NAME:

CONTACT PERSON:

ADDRESS:

CITY: STATE: ZIP:

PHONE: FAX:

EMAIL: WEBSITE:

RESALE CERTIFICATE NUMBER: STATE:

CORP: SOLE PROPRIETORSHIP: PARTNERSHIP: YRS. IN BUSINESS:

OWNER'S NAME:

ADDRESS:

CITY: STATE: ZIP:

CREDIT CARD: VISA MASTERCARD AMEX DISCOVER

CREDIT CARD NUMBER: EXP.

NAME OF CARDHOLDER:

SIGNATURE OF CARDHOLDER:

BILLING ADDRESS OF CARDHOLDER:

CITY: STATE: ZIP:

TERMS: All orders are shipped prepaid. We accept American Express, Discover, MasterCard, and VISA.

SUBMIT WITH APPLICATION: Copy of tax certificate, photograph of storefront, business card and/or stationery letterhead. Payment may be made with MasterCard, VISA, Discover or American Express.