

DEALER APPLICATION

Name of Company: _____

Address: _____

City, State, Zip: _____ Phone: _____

Fax: _____ Email: _____

(If different than above)

Shipping Address: _____

City, State: _____ Zip: _____

Phone: _____ Fax: _____

Owner or Presidents Name: _____

Nature of Business: _____ Date Business Began: _____

Please List Credit References:

(1) _____

Contact Person: _____ Phone: _____

(2) _____

Contact Person: _____ Phone: _____

(3) _____

Contact Person: _____ Phone: _____

Please List your Financial Institution: _____

Please List Your Tax ID Number: _____

Payment Method- Purchase Order: YES ___ NO ___ Credit Card: YES ___ NO ___
COD: YES ___ NO ___

The above information is herewith submitted for the purpose of opening an account
And I do hereby certify this information to be true.

Signed: _____

Title: _____ Date: _____

DANMAR USE ONLY

Approved: _____ Date: _____

Account Number Assigned: _____