



WPPO Wood Pellet Pizza Oven
6 odana Ct., Madison, WI 53719
Ph 608.230.1000 | Fx 608.230.1010
www.woodpelletpizzaoven.com
wppoinfo@gmail.com

DEALER APPLICATION FORM

We must receive all of the following items below from your company to qualify for dealer pricing. If any of the items below are missing, your application won't be processed. So please make sure everything is there before faxing this back or mailing it in.

1. A completed dealer application form
2. Your resale tax number
3. Wisconsin dealers must fill out a resale tax form or they will be charged sales tax until the form is received.
4. A picture of your place of business or a copy of your company's yellow page ad
5. A copy of your letterhead or business card

Date _____

Phone Number _____ Email _____

Legal Firm Name _____

(DBA) _____

Street Address _____

City _____ State _____ Zip _____

Web _____ E-mail _____

(Circle One) Sole Proprietorship Yes / No Partnership Yes / No Corporation Yes / No

(State Incorporated in _____) Resale Tax ID# _____

Name of Owners, Partners, Shareholders Home Phone

1. _____

2. _____

Are you an authorized dealer for a major grill manufacturer Yes / No

If yes, what brands?

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DEALER APPLICATION FORM (cont.)

Is a purchase number required? Yes / No. Back Orders: Cancel all back orders Y / N

Please list 3 companies you are currently set-up as a dealer and doing business with:

1: Name _____

Street Address _____

City _____ State _____ Zip _____

Phone Number _____ Type Of Account (Circle One) Open / C.O.D.

2: Name _____

Street Address _____

City _____ State _____ Zip _____

Phone Number _____ Type Of Account (Circle One) Open / C.O.D.

3: Name _____

Street Address _____

City _____ State _____ Zip _____

Phone Number _____ Type Of Account (Circle One) Open / C.O.D.

----- **Continuing Guarantee** -----

The undersigned _____ (print name) hereby

guarantees payment of all money due and owing to WPPO by (print company name)

_____ for purchases already made or to be

made in the future from WPPO and agrees that guarantor will pay the full amount owed

to WPPO in the event that (company name) _____

does not pay the amount owed when due.

Owner or Officer (sign) _____ Date _____

