



## DEALER APPLICATION

### COMPANY INFORMATION

Company Name:	
Street Address:	
City, State & Zip:	
Phone:	Fax:
Email Address:	Website:
Main Contact:	
Other Authorized Contacts:	

### OWNER INFORMATION

Name:	Phone:
Name:	Phone:
Number of years in business:	How did you hear about us?
Resale Number:	Business License Number:

### TRADE REFERENCE 1

Company Name:	
Contact Person:	Phone:
Dealer Number:	Payment Terms:

### TRADE REFERENCE 2

Company Name:	
Contact Person:	Phone:
Dealer Number:	Payment Terms:

### TRADE REFERENCE 3

Company Name:	
Contact Person:	Phone:
Dealer Number:	Payment Terms:

Please attach copies of your business license, resale certificate, and yellow page listing clearly showing category listed under. Photographs of outside/inside of business must be submitted as well by mail or digital copies to [sales@primoforged.com](mailto:sales@primoforged.com)

Please sign and fax back with all accompanying documents to (562) 803-5282.

\_\_\_\_\_  
Signature of authorized individual

\_\_\_\_\_  
Date