

# BMC LIGHTS DEALER APPLICATION



## STORE INFORMATION

Store Name (DBA): \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Store Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Website: \_\_\_\_\_

## OWNER/MANAGER INFORMATION

Owner/Manager: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## PAYMENT METHOD PREFERRED\*

CHECK ONE: ☐ PAYPAL ☐ CREDIT CARD  
PayPal address: \_\_\_\_\_ (fill out authorization below)

I hereby agree to pay all invoice charges from BMC Lights through one of the above payment methods.  
Disputes for charges can be directed to our office at 770-605-2420 to discuss invoices.

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\* If a Dealer has no active sales in a 12-month period, Dealer will revert to retail pricing and all discounts will be suspended until after a retail purchase is made.**

## CREDIT CARD AUTHORIZATION FORM

Name on Card: \_\_\_\_\_

Type of Card: ☐ VISA ☐ MC ☐ AMEX ☐ DISCOVER  
☐ OTHER \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_ Security Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

By signing this form, you authorize BMC Lights to charge business to business invoices. You also authorize to have your card kept on file for future purchases.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_