



18214 Parthenia St.
Northridge, CA 91325
T: (818) 341-9903
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sales@dtmfiberwerkz.com

DEALER APPLICATION

Business Name: _____

Business Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Fax: _____

Website: _____

Email: _____

Year Business Founded: _____

Gross Annual Sales: _____

Organization Type: LLC / Sole Proprietorship / Corporation / Other

Location Type: Retail / Office / Warehouse / Website Only / Other

Location Size: _____

Number of Employees: _____

Does your business location have a showroom? Yes / No

If 'no', do you plan to have one in the near future?

Please provide a description of your current business including product lines sold:

Owners and Managers	
Name: _____	Position: _____
Name: _____	Position: _____
Name: _____	Position: _____

Personal Guarantee - I, _____,
an individual, personally guarantee payment of all debts incurred by the company listed herein.

Signature: _____ Date: _____

Please also include the following items when submitting this application:

1. Copy of current & valid Business License
2. Copy of current and valid Resale Certificate/Sales Tax Permit
3. Copy of business card and/or company letterhead
4. Copy of Completed C.C. Authorization form

Failure to include the listed items will result in unnecessary delay with the application process. If you are not able to provide an item listed above, please include an explanation.



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PH: (818) 341-9903 FX: (818) 341-9904

CREDIT CARD AUTHORIZATION FORM

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN IT TO OUR OFFICE BY FAX: (818) 341-9904 or email.

COMPANY NAME: _____

Cardholder Name: _____

Billing Address: _____

Credit Card Type: _____ VISA _____ MASTERCARD _____ DISCOVER

Credit Card Number:

Expiration Date: _____ - _____ - _____
_____ / _____

Billing Zip Code: _____

Card Identification Number (last 3 digits located on the back of the credit card): _____

AUTHORIZATION OF CARD USE

I certify that I am the authorized holder and signer of the credit card referenced above and certify that all information above is complete and accurate.

I hereby authorize EuroStop USA, LLC to use our/ my credit card number with credit card not being present to make purchases.

The Applicant also understands that all invoiced transaction be charged to this credit card number provided above. This authorization is to remain in full force and effect until EuroStop USA, LLC. Has received written notification of its termination.

*Transactions above \$1000.00 USD will have a 3% Processing fee.

*We Accept bank transfers upon request.

*Orders will process once invoice is paid for in full.

Authorized Signature: _____ **Date:** _____