



New Dealer Information

Company Name:		Years in Business:
Billing Address:		Shipping Address:
City, State/Zip:		City, State/Zip:
Phone:		Fax:
E-mail:		Federal Tax ID:
Sales Tax Exemption Number/State:		
Preferred Payment Method: <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Amex <input type="checkbox"/> COD <input type="checkbox"/> Company check (according to terms w/ approved credit) <input type="checkbox"/> Other (Please Specify) _____		
Preferred Common Carrier: <input type="checkbox"/> Southeastern Freight <input type="checkbox"/> Estes Express <input type="checkbox"/> AAA Cooper <input type="checkbox"/> No Preference <input type="checkbox"/> Other (Please Specify) _____		

Contact Information

	Phone	Ext.	E-mail
Primary Contact			
Sales			
Warehouse			
Accounts Payable			
Other			

How did you hear about us?	
What other products do you currently sell?	
How do you market your business?	
Do you have a website?	Do you have a showroom?
Additional comments -	