

INTERNAL USE ONLY	
Date Approved _____	Terms _____
Credit Limit _____	Approved By: _____

**CONFIDENTIAL DEALERSHIP APPLICATION - PLEASE INCLUDE A COPY OF YOUR [RESALE CERTIFICATE](#)**

Date:

**COMPANY INFO**

Company Name:					
Bill To Address:	City	State	<input type="text"/>	Zip:	
Phone:	Fax:				
Type of Business (Please Check One)	<input type="radio"/> Sole Proprietorship	<input type="radio"/> Partnership	<input type="radio"/> Corporation	<input type="radio"/> "S" Corporation	<input type="radio"/> LLC <input type="radio"/> Other
Years in Business	Years At Above Location				

**PURCHASING**

Purchasers Name:	Email				
Phone:	Fax:				

**PAYABLE DEPT.**

A/P Mgr Name:	Email:				
Phone:	Fax:				
Invoicing Preference	<input type="radio"/> Email <input type="radio"/> Fax	Purchase Orders Required	<input type="radio"/> Yes	<input type="radio"/> No	

**BANK INFORMATION**

Bank Name					
Bank Address	City	State	<input type="text"/>	Zip:	
Phone	Fax:				
Account Number	<input type="radio"/> Checking	<input type="radio"/> Savings	<input type="radio"/> Other		

**BUSINESS/TRADE REFERENCES**

<b>Company Name</b>	Contact:				
Address	City	State	<input type="text"/>	Zip:	
Phone	Fax:	Email:			
Years Doing Business	Credit Limit and Terms :				
<b>Company Name</b>	Contact:				
Address	City	State	<input type="text"/>	Zip:	
Phone	Fax:	Email:			
Years Doing Business	Credit Limit and Terms :				
<b>Company Name</b>	Contact:				
Address	City	State	<input type="text"/>	Zip:	
Phone	Fax:	Email:			
Years Doing Business	Credit Limit and Terms :				

All Statements made herein are true and accurate to the best of our knowledge. We authorize Burners, Inc. to make any and all inquiries necessary for action on this credit application. We hereby indemnify Burners, Inc. from any liability resulting from this application.

Signed By \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_