



Date _____

Dealer Information/Application

Cash and Credit Card Purchases

Company Name _____

Legal Name _____ Federal ID# _____

Address _____

City _____ State _____ Zip _____ County _____

Company Phone _____ Cell _____

E-mail Address _____

Contractor License # _____ Tax Exempt ID# _____

AUTHORIZED PURCHASERS

Name _____ Title _____ Phone _____

Name _____ Title _____ Phone _____

Name _____ Title _____ Phone _____

Name _____ Title _____ Phone _____

BILLING INFORMATION (If different from above)

Bill to _____ Department _____

Name of Company _____

Billing Address _____

City _____ State _____ Zip _____ Phone _____

Additional Information _____

SHIPPING INFORMATION (If different from above)

Name of Company _____

Shipping Address _____

City _____ State _____ Zip _____ Phone _____

Shipping Instructions _____

NON-TAXABLE ACCOUNTS MUST SUBMIT A RESALE TAX CRETIFICATION ALONG WITH THIS APPLICATION.

Tax exempt status beings on the date that you submit your Resale Certificate, any tax charged prior to the receipt of the Resale Certificate will NOT be refunded.

Officer and/or owner must furnish a copy of their driver's license with this application. Please note that this is a Dealer Application only.

Approved Dealer Applications will be C.O.D. only.

Applicant _____ Title _____

Print Name

Signature _____ Date _____

Signature of Authorization Officer/Owner