



894 Coomer Rd.
Burnside, KY 42519
(972) 481-8708
(469) 916-8068 FAX

DEALER APPLICATION

Company Name: _____

DBA (if different): _____

Contact Person: _____

Address: _____

Phone: _____ Fax: _____

Email address: _____

Website address: _____

Federal Tax ID or Social Security Number: _____

Type of Business: _____

Hours of operation: M _____ F _____

T _____ Sa _____

W _____ Su _____

Th _____

Are you a:

CORPORATION

State of incorporation: _____

Names, titles and addresses of your three chief corporate officers:

Name and address of your registered agent: _____

PARTERSHIP

Names and addresses of the partners:

SOLE PROPREITORSHIP

Are you sales tax exempt? _____ Yes _____ No

Have you ever applied as a dealer with us before? _____ Yes _____ No

If yes, under what name? _____

Authorized purchasers: _____

Purchase order required? _____ Yes _____ No

ATTACH:

- § Copy of state Dealer License & Retail Certificate
- § Company business card

TRADE REFERENCES

Reference #1 Name: _____
Address: _____
Phone: _____

Reference #2 Name: _____
Address: _____
Phone: _____

Reference #3 Name: _____
Address: _____
Phone: _____

BANK REFERENCES

Bank #1 Account #: _____
Name of bank: _____
Contact person: _____
Phone: _____
Address: _____

Bank #2 Account #: _____
Name of bank: _____
Contact person: _____
Phone: _____
Address: _____

I represent that the above information is true and is given to extend credit to my company. My company and I authorize **Maximum RPM** to make such credit investigations as it sees fit, including contacting the above trade references and banks, and obtaining credit reports. My company and I authorize all trade references, banks, and credit reporting agencies to disclose any and all information to **Maximum RPM** concerning the financial and credit history of my company and/or myself.

I have read the terms and conditions stated below and agree to all of these terms and conditions.

Authorized signature: _____

Printed name: _____

Title: _____

Date: _____