



Dealer Application

Business Name:

Mailing Address:

List Other Locations:

Phone #:

Fax #:

Sales Contact (Buyer):

Accounts Payable Contact:

Email Address:

Website:

Trade Organization Memberships:

Type of Ownership:

Corporation

Partnership

Proprietorship

Other: (Specify)

Years in business:

No. of employees:

Bus. License #:

DUNS #:

EIN:

Sales Tax #:

Principal Owners/Officers

Name	Position	Home Address	Home Phone

If requesting credit card terms only, the Credit/Business References section need not be completed.

Credit / Business References

(Please provide references with whom you have credit terms [No COD references])

Company	Account #	Phone	Fax	Address

If requesting credit card terms only, the Bank Account section need not be completed.

Bank Account

Bank Name	Type of Account	Account #	Phone #

PERSONAL GUARANTEE – PLEASE DO NOT INCLUDE TITLE WHEN SIGNING PERSONAL GUARANTEE

For value received, including merchandise, services, or other valuable consideration, I hereby unconditionally guarantee at all times, full and prompt payment, upon demand, of any indebtedness, which has been incurred under this agreement. I understand this to mean that I will personally guarantee payment of all debts and obligations under this agreement.

DATE _____ BY _____ PRINT NAME _____

DATE _____ BY _____ PRINT NAME _____

PLEASE READ AND SIGN THE FOLLOWING STATEMENT AFTER YOU HAVE COMPLETED APPLICABLE SECTIONS

You are authorized to contact parties indicated on this application for verification. For purposes of obtaining credit, I/We certify that the information given in this application is true and accurate, and any financial information submitted correctly reflects our financial condition. I/We agree to pay all invoices within stated terms and to pay services charges on amounts paid after invoice due dates at a rate of 1.5% per month, or the maximum allowable rate, whichever is less. In event suit is instituted to collect amounts owing to you and a judgment is rendered in your favor, I/We agree to pay court costs and reasonable attorney fees. I/We have read this agreement and a copy has been made available to us or is available to us upon our requesting same from the credit department.

DATE _____ BY _____ TITLE _____

DATE _____ BY _____ TITLE _____

Attach a copy of your business license, EIN form or state tax license and return application to: **Dealer Applications, P.O. Box 59, Memphis, MI 48041**