

New Dealer Application

Business Name: _____ DBA _____

Street Address: _____ FAX: _____

City: _____ State: _____ Zip: _____ Phone: _____

Name of Proprietor, Partner or Officer: _____

Federal Tax ID: _____ State Tax ID _____ email address _____ @ _____

Current Home Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Trade References: (3)

Company Name: _____ Phone: _____

Street Address: _____ Contact: _____

City: _____ State: _____ Zip: _____ Phone: _____

2nd Company Name: _____ Phone: _____

Street Address: _____ Contact: _____

City: _____ State: _____ Zip: _____ Phone: _____

3rd Company Name: _____ Phone: _____

Street Address: _____ Contact: _____

City: _____ State: _____ Zip: _____ Phone: _____

Business Type: (Circle One) Sole Proprietorship Partnership Association Corporation

Primary Product Activity _____ Incorporated under State Laws of _____

Year Established _____ Parent Company: _____ Time at Present Location: _____

Ever Filed Bankruptcy: _____ Preferred Password: _____ 2nd Choice: _____

Signature _____ Title _____ Date _____

Fax with a copy of your State Sales Tax Certificate to: (318)-340-1505