



DEALER APPLICATION

FULL NAME OF BUSINESS: _____

(MUST SEND PROOF OF BUSINESS (DBA) WITH APPLICATION)

TRADING AS: _____

BUSINESS ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ FAX: _____ MOBILE: _____

EMAIL: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

() Corporation () Partnership () L.L.C. () Sole Proprietor If Corporation, Date of Incorporation: _____

Federal Tax ID # _____

Are you Tax Exempt () Yes () No Tax Exempt # _____ Expiration Date: _____

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

(Note: Tax Exempt status begins on the date you submit your "Resale Certificate", any tax charged prior to receipt of the certificate WILL NOT be refunded.)

Officer/Owner(s) Name	Title	Home Address	Driver License #	State
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Officer and/or Owner must furnish a copy of driver's License with this dealer application.

Please note this is a Dealer Application ONLY. All Dealer Applications are COD only. In order to establish a credit account, you must fill out a ScreenFab L.L.C Credit Application. Missing information from this dealer application will delay the process of setting up your dealer account.

Signature & Title of Authorization Office/Owner

Print Name

Date

Fax Dealer Application to: (713) 880-3241 or (877) 482-1360 / email to: ordershouston@screenfabs.com