

	DEALE	R APPLICATION		
NAME OF BUSINESS:				
TRADING AS:				
BUSINESS ADDRESS:		CITY/STATE/ZIP:		
PHONE:		FAX:	MOBILE:	
EMAIL:		WEBSITE:		
MAILING ADDRESS:		CITY/STATE/ZIP:		
() CORPORA	ATION () PARTNE	RSHIP () L.L.C.	() SOLE PROPRIETOR	
IF CORPO	RATION, DATE OF INCO	RPORATION:		
FEDERAL TAX ID #:		EST. MONTHLY F	PURCHASES:	
		EXEMPT #:		
TYPE OF BUSINESS:				
NOTE: Tax exempt status beings of the Resale Certificate will NOT OFFICER/OWNER(S)' NAME:	be refunded.	mit your 'Resale Certificate HOME ADDRESS:	e,' any tax charged prior to the receipt DRIVER LICENSE # STATE:	
APPLICATION ONLY. All Dealer	Applications are C.O.D. of	only. In order to establish a	ication. Please note that this is a DEALER a credit account, you must fill out a will delay the process of setting up your	
Applicant:				
•	Print Name		Title	
Signature:				
-	Signature of Authorization	on Officer/Owner	Date	