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DEALER APPLICATION

NAME OF BUSINESS: _____

TRADING AS: _____

BUSINESS ADDRESS: _____ CITY/STATE/ZIP: _____

PHONE: _____ FAX: _____ MOBILE: _____

EMAIL: _____ WEBSITE: _____

MAILING ADDRESS: _____ CITY/STATE/ZIP: _____

() CORPORATION () PARTNERSHIP () L.L.C. () SOLE PROPRIETOR

IF CORPORATION, DATE OF INCORPORATION: _____

FEDERAL TAX ID #: _____ EST. MONTHLY PURCHASES: _____

TAX EXEMPT? _____ TAX EXEMPT #: _____ EXPIRE DATE: _____

TYPE OF BUSINESS: _____

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

NOTE: Tax exempt status beings on the date that you submit your 'Resale Certificate,' any tax charged prior to the receipt of the Resale Certificate will NOT be refunded.

OFFICER/OWNER(S)' NAME: _____ TITLE: _____ HOME ADDRESS: _____ DRIVER LICENSE # STATE: _____

Officer and/or owner must furnish a copy of their driver's license with this dealer application. Please note that this is a DEALER APPLICATION ONLY. All Dealer Applications are C.O.D. 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.

Applicant: _____

Print Name _____ Title _____

Signature: _____

Signature of Authorization Officer/Owner _____ Date _____