



## Dealer Application

Type Of Dealership Applying For Please Check One

Note: Chassis distributors automatically qualify for special stocking dealer parts program  
Chassis and Parts distributors automatically qualify for fiberglass products program

Dealer: \_\_\_\_\_ Stk. Dealer: \_\_\_\_\_ Spcl. Stk. Dealer: \_\_\_\_\_ Chassis: \_\_\_\_\_ Fiberglass: \_\_\_\_\_

### Company Information

Please Check one: Proprietorship: \_\_\_\_\_ Partnership: \_\_\_\_\_ Corporation: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Business Hours: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### Names, Titles and Addresses of Principals:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Annual Sales Volume: \_\_\_\_\_ Years In Business: \_\_\_\_\_ Number of Employess: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

### Bank Information

Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Account #: \_\_\_\_\_

Trade Reference 1

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Trade Reference 2

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Trade Reference 3

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Note: Information given will be held with strict confidence. Although it is not mandatory all questions be answered, the more information provided, the easier it will be to process your application.