

**APPLICATION FOR AUTHORIZED DEALER  
COMPANY PROFILE**

Firm Name: \_\_\_\_\_ Contact person: \_\_\_\_\_

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

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

Type of business: \_\_\_\_\_ Year Business opened: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Federal ID# or SS#: \_\_\_\_\_ Principals name: \_\_\_\_\_

Buyer's Name: \_\_\_\_\_ Buyer's E-mail : \_\_\_\_\_

Accounts Payable: \_\_\_\_\_ Account's payable e-mail: \_\_\_\_\_

Fed Ex or Ups #: \_\_\_\_\_

**Bank References**

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

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

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

Phone: \_\_\_\_\_ Date account opened: \_\_\_\_\_

**Trade References**

Firm name: \_\_\_\_\_ Phone: \_\_\_\_\_

Firm name: \_\_\_\_\_ Phone: \_\_\_\_\_

Firm name: \_\_\_\_\_ Phone: \_\_\_\_\_

The undersigned hereby agrees that should a credit account be opened, and in the event of default in the payment of any amount due, and if such account is submitted to a collection authority, to pay an additional charge equal to the cost of collection including court costs.

The undersigned individual who is either a principal of the credit applicant or a sole proprietorship of the credit applicant, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents to and authorizes the use of a consumer credit report on the undersigned by the above named business credit grantor, from time to time as may be needed, in the credit evaluation process.

Company: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Please print your name: \_\_\_\_\_