



755 Raco Drive, Suite A
 Lawrenceville, GA 30045
 Phone 770-277-2577
 Fax 770-277-2578

NEW DEALER APPLICATION

Bill To:

Legal Customer Name _____
 (DBA) _____
 Customer Address _____
 City _____ State _____ Zip _____
 Phone # _____ Fax # _____
 Resale # _____

Ship To:

Legal Customer Name _____
 (DBA) _____
 Customer Address _____
 City _____ State _____ Zip _____

Credit Limit Desired _____ Anticipated Annual Vol. _____
 Terms: B of L = Net 90 / C.A.D. / L.C. / WHSE. = Net 30
 Ship Via _____
 Receiving Hours: _____
 Require Appointment: Yes _____ No _____
 Name of person to contact if problem arises: _____

ACCOUNT CLASSIFICATION

Dealer _____ Wholesaler IV _____
 Level I - (OPEN) 40/10 - 50/20 _____ Other V _____
 Level II - 50/10 _____
 Level III - 50/20 _____

FINANCIAL

Name of Principal _____

Major Suppliers / References:

<u>Name</u>	<u>City</u>	<u>State</u>	<u>Phone</u>
1. _____	_____	_____	() _____
2. _____	_____	_____	() _____
3. _____	_____	_____	() _____

Bank Reference (at least 1)

<u>Name</u>	<u>City</u>	<u>State</u>	<u>Phone</u>
1. _____	_____	_____	() _____
2. _____	_____	_____	() _____

Remarks _____

Sales Rep _____ Date _____