



RETAIL DEALER APPLICATION

\_\_\_\_\_  
(DATE)

BUSINESS NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_  
ADDRESS \_\_\_\_\_ FOR \_\_\_\_\_ YEARS  
CONTRACTORS LICENSE NO \_\_\_\_\_ CATERGORY \_\_\_\_\_  
TYPE OF BUSINESS \_\_\_\_\_ DATE ESTABLISHED \_\_\_\_\_  
OWNERSHIP: \_\_\_\_\_ SOLE OWNER \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ CORPORATION

PRINCIPALS:

\_\_\_\_\_  
(NAME) (TITLE) (SSN#) (HOME NUMBER)  
\_\_\_\_\_  
(NAME) (TITLE) (SSN#) (HOME NUMBER)  
\_\_\_\_\_  
(NAME) (TITLE) (SSN#) (HOME NUMBER)

TRADE REFERENCES:

NAME ADDRESS/PHONE  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BANK OF DEPOSIT \_\_\_\_\_ ACCT NO \_\_\_\_\_

SALES AREA \_\_\_\_\_ NO.OF BRANCHES \_\_\_\_\_

ADDRESS OF BRANCHES \_\_\_\_\_  
\_\_\_\_\_

Such paper as we may submit to you for purchase will represent bona fide obligations due us from our customers to whom sales of merchandise/or services have been completed on a time payment basis in the normal conduct of our business. I authorized you, the purchaser, to make whatever inquires you deem necessary. I further authorize any person or consumer reporting agency to complete and furnish to the purchaser any information that it may have of obtain in response to such inquires. We also authorized the purchase to make whatever inquires necessary to any person or consumer reporting agency, to complete and furnish to the purchaser, any available information concerning the owners/principals of our organization, as determined necessary by the purchaser.

FIRM \_\_\_\_\_  
NAME \_\_\_\_\_ TITLE \_\_\_\_\_  
NAME \_\_\_\_\_ TITLE \_\_\_\_\_