



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