



## DEALER APPLICATION FORM

### Company Information

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

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

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

Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Purchasing Agent: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Ext: \_\_\_\_\_

Email: \_\_\_\_\_

Application Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Business Type:  Corporation  Partnership  Sole Proprietorship  LLC  Other \_\_\_\_\_

Sales Tax Exempt ID: \_\_\_\_\_

FEIN: \_\_\_\_\_

\*\*\*\*Please provide a copy of your State Sales Tax Exemption Form\*\*\*\*  
WI companies that do not provide this document will be charged WI sales tax

### Payment Terms

Credit Card

Card Type:  Discover  Master Card  Visa

Name on Card: \_\_\_\_\_

Card No: \_\_\_\_\_

Exp Date: \_\_\_\_ / \_\_\_\_ CVV: \_\_\_\_\_

Check (Requires prior approval)