



Dealership Application

Date: _____

Please fill in all the blanks as much as possible. Please type or write legibly.

Company/Business Name: _____

Form of Business Ownership: Sole Proprietor Partnership Corporation

Name of Owner:

First Middle Last

Company Address: _____

No./Unit/Bldg.: _____

Zip: _____ City: _____ State/Province: _____

Contact Person: _____ Position: _____

Mobile Number/s: _____

Store Number: _____ Fax: _____

Email Address: _____

Years in Business: _____

Website Address: _____

Nature of Business: _____

Former supplier (If Applicable): _____

Brands: _____

Volume of Purchase (Approx): _____

Annual Business Sales Revenue: _____

Expected Sales Volume with WTD: _____

I HEREBY CERTIFY THAT ALL INFORMATION HEREIN STATED ABOVE IS TRUE AND CORRECT

Printed Name

Signature