



## DEALER APPLICATION

**Please complete and fax to: 608-785-2868**

(Complete legal name of entity. If a corporation, use EXACT registered corporate name.)

Company	DBA
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Billing Address	City	County	State	Zip
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Telephone # ( )	Fax #. ( )	Contact Person
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Nature of Business	<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Corporation	# of yrs in Business (present ownership)
	<input type="checkbox"/> Partnership	<input type="checkbox"/> Non-Profit Corp	

**Business Experience (equipment sold, pertinent industry experience, etc):**

**Personal information on officers, partners or guarantors**

Name	Title	% Ownership	Social Security #
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Home Address	City	State	Zip	Home Phone # ( )
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Name	Title	% Ownership	Social Security #
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Home Address	City	State	Zip	Home Phone # ( )
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**Trade references**

Name of Supplier	Telephone No. ( )	Contact
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Name of Supplier	Telephone No. ( )	Contact
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Name of Supplier	Telephone No. ( )	Contact
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**Company bank references**

Name of Bank	Acct. #	TEL #: ( )	Contact Officer
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Desired territory (specify counties as necessary)

Desired relationship:  Manufacturer's Rep – Commission based on net sales, required rep agreement Dealer II – Minimum commitment of 5 furnaces within 3 months, required dealer agreement Distributor I – Minimum commitment of 15 furnaces within 3 months, required distributor agreement  Anticipated sales volume/year \$	Credit limit desired  \$  Approved credit limit  \$
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By providing the above information, the applicant(s) authorize you to whom this application is made or your agents to investigate my/our financial responsibility and creditworthiness and will provide financial statements, tax returns, etc. as you deem necessary. I/we authorize you to update my/our credit profile from time to time in the future as you deem appropriate.

Dated: \_\_\_\_\_

Signature: \_\_\_\_\_