



email: sales@foolhardi.com

DEALER APPLICATION

BUSINESS NAME: _____	CONTACT: _____
SHIPPING ADDRESS: _____	TITLE: _____
CITY, STATE, ZIP: _____	FEDERAL TAX ID: _____
TELEPHONE: _____	STATE RESALE # _____
FAX: _____	YEARS IN BUSINESS: _____
WWW: _____	TYPE OF BUSINESS: _____

TRADE REFERENCE

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

FAX: _____

CONTACT: _____

ACCOUNT NUMBER: _____

TRADE REFERENCE

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

FAX: _____

CONTACT: _____

ACCOUNT NUMBER: _____

TRADE REFERENCE

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

FAX: _____

CONTACT: _____

ACCOUNT NUMBER: _____

TRADE REFERENCE

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

FAX: _____

CONTACT: _____

ACCOUNT NUMBER: _____

BANK INFORMATION

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

FAX: _____

CONTACT: _____

CHECKING ACCOUNT: _____

SAVINGS ACCOUNT: _____

OWNERSHIP

NAME: _____

TITLE: _____

SOCIAL SECURITY: _____

NAME: _____

TITLE: _____

SOCIAL SECURITY: _____

NAME: _____

TITLE: _____

SOCIAL SECURITY: _____

APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINESS TO PAY OUR INVOICES IN ACCORDANCE WITH OUR TERMS. APPLICANT AGREES TO PAY REASONABLE ATTORNEY FEES PLUS INTEREST IN CASE OF DEFAULT IN PAYMENT IN COMPLIANCE WITH TERMS. APPLICANT PERSONALLY GUARANTEES TO PAY THE CHARGES INCURRED IF THE COMPANY SHOULD FAIL TO DO SO.

PRINT NAME: _____	OWNER SIGNATURE: _____
TITLE: _____	DATE: _____