



340 Dewpoint Lane
 Alpharetta, GA 30022
 Phone: 770-840-8039 Fax: 770-840-0269

NEW DEALER APPLICATION AGREEMENT

<p>Your Company Name: _____</p> <p>Billing Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Phone: (____) _____ Fax: (____) _____</p> <p>E-mail address: _____</p> <p>Website: _____</p> <p>State Resale Certificate#: _____ Date of issue? ____ / ____ / ____</p> <p>Name of Accounts Payable Manager: _____</p> <p>If corporation, what is the date of incorporation? ____ / ____ / ____</p> <p>Date business was started: ____ / ____ / ____</p>	<p>Shipping Address:</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Phone: (____) _____ Fax: (____) _____</p> <p>Contact: _____ E-mail address: _____</p> <p>Federal Employer Identification#: _____</p> <p>Company is: <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation</p> <p>States in which applicant does business: _____</p>
<p>Ownership Information:</p> <p>1) Title: _____</p> <p>First Name: _____ Middle: _____ Last: _____</p> <p>Street Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Phone: (____) _____ Social Security#: _____</p> <p>2) Title: _____</p> <p>First Name: _____ Middle: _____ Last: _____</p> <p>Street Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Phone: (____) _____ Social Security#: _____</p>	<p>Trade References</p> <p>1) Supplier: _____ Supplier Account# _____</p> <p>Contact: _____</p> <p>Street Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Phone: (____) _____ Fax: (____) _____</p> <p>2) Supplier: _____ Supplier Account# _____</p> <p>Contact: _____</p> <p>Street Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Phone: (____) _____ Fax: (____) _____</p>
<p>(If you require more space, please attach separate page..)</p> <p>Bank reference information:</p> <p>Bank Account Number: _____</p> <p>Bank: _____ Contact: _____</p> <p>Street Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Phone: (____) _____ Fax: (____) _____</p>	<p>Requested Credit Line: \$ _____</p> <p>Requested Terms: Net ____ Days</p> <p>I do certify that the information contained on this application is true and accurate</p> <p>_____</p> <p style="display: flex; justify-content: space-between;"> Signature ("Buyer") Title Date </p>

For faster processing, please fax this form to 770-840-0269 and send original to:

AimSHOT
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