

DEALER APPLICATION

Firm Name _____

Bill to Street Address _____

City _____ State _____ Zip _____

Ship to Street Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Email _____ Website _____

Type of Organization: Corporation LLC Partnership Sole Proprietorship

Retail Tax ID Number _____ Federal Tax ID # or SSN _____

Date Opened _____ # of Employees _____ Facility Size _____ # of Locations _____ Internet Sales: Yes No

Principal _____ Title _____ Principal _____ Title _____

Street Address _____ Street Address _____

City, State, Zip _____ City, State, Zip _____

Payment Preferences (If you would like your initial order to ship immediately, please provide Credit Card information)

Person Responsible for Accounts Payable _____

Net 30 COD Credit Card # _____ Exp. Date _____

Please fill in Trade Reference information below, including all fax numbers and available account numbers

1. Name _____ Account Number _____

Telephone _____ Fax _____

2. Name _____ Account Number _____

Telephone _____ Fax _____

3. Name _____ Account Number _____

Telephone _____ Fax _____

4. Name _____ Account Number _____

Telephone _____ Fax _____

I, _____, authorize Kelley and Company to contact the trade references listed above regarding my/our credit standing and payment history. I understand that Kelley and Company will use this information in determining eligibility for credit with their organization.

Signature _____ Title _____ Date _____

General Terms and Conditions

I certify that all of the information in this form is correct. The undersigned guarantees fully, without reservation or offset, that bills and debts will be paid when rendered and according to the terms of sale that are extended. In the event that payment is not made and your account is referred to a collection agency, you will pay applicable costs and reasonable attorney fees resulting from such action.

Signature _____ Date _____