



**SUPREME WESTERN PRODUCTS**  
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## DEALER APPLICATION

BUSINESS NAME: \_\_\_\_\_  
SHIPPING ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_

OWNER: \_\_\_\_\_ PHONE: \_\_\_\_\_  
BUYER: \_\_\_\_\_ PHONE: \_\_\_\_\_  
FAX#: \_\_\_\_\_ ACCOUNTS PAYABLE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_ A/P PHONE: \_\_\_\_\_  
NEW BUSINESS: YES/NO \_\_\_\_\_ DATE ESTABLISHED: \_\_\_\_\_

ACCOUNT TYPE APPLYING FOR: 

CREDIT CARD	C.O.D.	NET 30
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IF APPLYING FOR NET 30 TERMS PLEASE COMPLETE THE FOLLOWING INFORMATION.

TRADE REFERENCES WITH COMPLETE INFORMATION (do not list COD or Credit Card accounts as references).

#1 COMPANY NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
FAX: \_\_\_\_\_  
CONTACT: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

#2 COMPANY NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
FAX: \_\_\_\_\_  
CONTACT: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

#3 COMPANY NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
FAX: \_\_\_\_\_  
CONTACT: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

SIGNATURE AND TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_