

Dealer Application Form



335 N willow St. Colorado City AZ 86021 (435) 229-1741
email form to: office7sonsmfg@gmail.com

Business Name, Address

<u>Point of contact</u>			
Last: _____	First: _____	MI _____	Title: _____
Name of Business: _____			
Address: _____		Email: _____	
City: _____	State: _____	Zip: _____	Phone: _____

Company Information

Type of business: _____	In business since: _____
Legal form under Which Business Operates: _____	
<input type="checkbox"/> Corporation	
<input type="checkbox"/> Partnership	
<input type="checkbox"/> L.L.C	
Tax ID Number: _____	Dealer License #: _____
Webcite: _____	
What are your projected annual sales for 7 Sons Trailers? _____	
Do you have a service department ? _____	

Trade Reference

Company Name: _____
Contact Name: _____
Account Opened Since: _____

I hereby certify that the information contained herein is complete and accurate.

Signature _____

Date: _____

