



APPLICATION FOR DEALERSHIP

Complete and return to avoid delay in processing your order. This is NOT a credit application.

BUSINESS INFORMATION

Business Name: _____ Date Established: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Telephone #: _____ Fax #: _____

Website/Social Media: _____

Status: Corporation Partnership Sole Proprietor

Business Type: Store Mobile Unit Internet

Location of Business: Downtown/Business District Outlying Business District In Residence

OWNER INFORMATION

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Telephone #: _____

You must include copy of your tax ID or seller permit when submitting this application.

BUSINESS REFERENCES

Provide complete names and addresses of firms you are or will be doing business with. Application will NOT be processed without references.

Name: _____

Name: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Telephone #: _____

Telephone #: _____

Email: _____

Email: _____

Name: _____

Name: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Telephone #: _____

Telephone #: _____

Email: _____

Email: _____

Photos of business may be requested with this application.

I hereby certify that the information in this application is correct. I hereby authorize you or your agent to investigate the references or other data furnished by me or by any other person pertaining to my credit responsibility. If this application is accepted, I agree to the terms and conditions by JT International Dist., Inc.

Signed: _____

Title: _____

Date: _____