



**JT International Dist., Inc.**  
 12607 Southeastern Ave.  
 Indianapolis, IN 46259  
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## Application for Dealership

Please complete and return to us immediately to avoid delay in processing your new order.

(This is NOT a credit application)

Date \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**Status:** (check one)    Corporation    Partnership    Sole Proprietor

Type of Business \_\_\_\_\_ Year and Month Business Established \_\_\_\_\_

Is Building in: (check one)    Downtown Business District    Outlying Business District    In Residence

Do you own or lease building? \_\_\_\_\_

Seller's Permit Number \_\_\_\_\_

Owner's Name \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Bank Address \_\_\_\_\_

Account Number \_\_\_\_\_ Bank Phone \_\_\_\_\_

**Business References:** Give complete names and addresses of firms you are currently doing business with or will be doing business with. *Application cannot be processed without references.*

Name \_\_\_\_\_ Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

### Please remit photos and ads of business with 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 \_\_\_\_\_