



546 DUGGAN AVENUE
AZUSA, CALIFORNIA 91702
PH (626) 969.9600
FAX (626) 969.1134

Dealer Information Form

Business name (DBA): _____ Date: _____

Name of Parent Company (if subsidiary): _____

Street address: _____

City: _____ State: _____ Zip: _____

Phone: () Fax: () E-mail: _____

At present location since (date): _____ Year established: _____ Number of employees: _____

Business location is: [] Owned [] Rented Business is: [] Partnership [] Sole proprietorship [] Corporation

If partnership or sole proprietorship, driver's license no.: _____ State: _____ Social security no.: _____

- Authorized purchasing agents: 1. _____ 2. _____ 3. _____

Do you use purchase orders? [] Yes [] No Are they required for vendor payments? [] Yes [] No [] N/A

Accounts payable contact: _____

Contact phone: () Contact fax: ()

PARTNERSHIP - General Partners

Table with 3 columns: Name, Residence, % ownership. Multiple rows for partner information.

SOLE PROPRIETORSHIP

Sole owner's name: _____

Residence address: _____

CORPORATION - Company Officers

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

REFERENCES

Please provide four(4) references with at least three(3) of which you buy from on open account.

1. Name of company: _____ Phone: () _____
Account #: _____ Fax: () _____
Accts. Rec. (Contact): _____

2. Name of company: _____ Phone: () _____
Account #: _____ Fax: () _____
Accts. Rec. (Contact): _____

3. Name of company: _____ Phone: () _____
Account #: _____ Fax: () _____
Accts. Rec. (Contact): _____

4. Name of company: _____ Phone: () _____
Account #: _____ Fax: () _____
Accts. Rec. (Contact): _____

BANK REFERENCE

Bank name: _____ Phone: () _____
Street address: _____ Fax: () _____
City: _____ State: _____ Zip: _____
Bank representative's name: _____ Direct phone: () _____
Bank account number: _____ (if any)
Federal Tax ID #: _____

The following must be completed for dealer approval:

1. Send copies of state and/or city licenses.
2. Is the business in the state of California? Yes No
(If yes, please complete and return the enclosed resale card, unless previously submitted.)
California Corp. no.: _____ Reseller's permit no. (CA only): _____

3. Check the appropriate type(s) of business:
 Diesel truck Gas truck Auto turbos Auto engines Motorhomes Other _____
Do you have a waiting area? Yes No

4. Do you install for trucks? Yes No Do you have a truck hoist? Yes No
Do you install for motorhomes? Yes No Do you have a motorhome hoist? Yes No

5. Hourly labor rate: \$ _____/hr.

The applicant's signature attests to the financial responsibility and that the information and statements contained in this application are true and complete and are made for the purpose of inducing Gale Banks Engineering to extend credit. Applicant authorizes Gale Banks Engineering to obtain credit and financial information concerning the applicant at any time and from any source. The undersigned further agrees that all sales shall be subject to the terms and conditions established by Gale Banks Engineering from time to time.

PRINT NAME/TITLE

SIGNATURE