



email: sales@skatemental.com

DEALER APPLICATION

BUSINESS NAME:
SHIPPING ADDRESS:
CITY, STATE, ZIP:
TELEPHONE:
FAX:
WWW:

CONTACT:
TITLE:
FEDERAL TAX ID:
STATE RESALE #
YEARS IN BUSINESS:
TYPE OF BUSINESS:

TRADE REFERENCE
NAME:
ADDRESS:
CITY, STATE, ZIP:
PHONE:
FAX:
CONTACT:
ACCOUNT NUMBER:

TRADE REFERENCE
NAME:
ADDRESS:
CITY, STATE, ZIP:
PHONE:
FAX:
CONTACT:
ACCOUNT NUMBER:

TRADE REFERENCE
NAME:
ADDRESS:
CITY, STATE, ZIP:
PHONE:
FAX:
CONTACT:
ACCOUNT NUMBER:

TRADE REFERENCE
NAME:
ADDRESS:
CITY, STATE, ZIP:
PHONE:
FAX:
CONTACT:
ACCOUNT NUMBER:

BANK INFORMATION
NAME:
ADDRESS:
CITY, STATE, ZIP:
PHONE:
FAX:
CONTACT:
CHECKING ACCOUNT:
SAVINGS ACCOUNT:

OWNERSHIP
NAME:
TITLE:
SOCIAL SECURITY:
NAME:
TITLE:
SOCIAL SECURITY:
NAME:
TITLE:
SOCIAL SECURITY:

APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINESS TO PAY OUR INVOICES IN ACCORDANCE WITH OUR TERMS. APPLICANT AGREES TO PAY REASONABLE ATTORNEY FEES PLUS INTEREST IN CASE OF DEFAULT IN PAYMENT IN COMPLIANCE WITH TERMS. APPLICANT PERSONALLY GUARANTEES TO PAY THE CHARGES INCURRED IF THE COMPANY SHOULD FAIL TO DO SO.

PRINT NAME:
TITLE:

OWNER SIGNATURE:
DATE: