



NEW DEALER APPLICATION

(Please email completed forms to sales@sdtwdirectwholesale.com)

Dealer Information (Required):

Dealer Name: _____		Number of Employees: _____	
DBA (if different): _____		Number of Years in Business: _____	
Website (Optional): _____			
Ownership (Check one): ___ Proprietorship ___ Partnership ___ Corp. ___ LLC			
Dealer Address: _____		City: _____	
State: _____	Zip Code: _____	Country: _____	
Dealer Phone: _____		Dealer Email: _____	
Business License/Sellers Permit: _____		Federal Tax ID: _____	

Contact Information (Required):

First Name: _____		Contact Phone: _____	
Last Name: _____		Contact Email: _____	
Title: _____			
Accounting Phone: _____		Accounting Email: _____	

*****All new Dealer Applications require a copy of Business License/Sellers Permit and California Resale Certificate (if applicable). Please email these documents to sales@sdtwdirectwholesale.com*****

Authorized Signature

Date

Print Name

Title