



DEALER CREDIT LINE APPLICATION

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

Dealer Information (Required):

Dealer Name: _____		
DBA (if different): _____		
Number of Employees: _____		
Number of Years in Business: _____		
Ownership (Check one): <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corp. <input type="checkbox"/> LLC		
Dealer Address: _____		City: _____
State: _____	Zip Code: _____	Country: _____
Dealer Phone #: _____		Dealer Email: _____
Business License/Sellers Permit: _____		Federal Tax ID: _____
Vendor References (Company Name, Contact Info):		
1. _____ , _____		
2. _____ , _____		
3. _____ , _____		
4. _____ , _____		
5. _____ , _____		
6. _____ , _____		

Bank Information (Required):

Bank Name: _____	
Account #: _____	Routing #: _____



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Owner Information (Required):

First Name: _____		Last Name: _____	
Home Address: _____		City: _____	
State: _____	Zip Code: _____	Country: _____	
Driver's License #: _____		Social Security (SSN): _____	

Billing Information (Required):

Billing Contact Name: _____			
Address: _____		City: _____	
State: _____	Zip Code: _____	Country: _____	
Billing Phone #: _____		Billing Email: _____	

I certify that I am expressly empowered and authorized, on behalf of the company, to represent and bind it, purchases, and incur debt.

Owner Signature

Date

Print Name

Title