



**DEALER APPLICATION**

<b>Business Information</b>			<b>Date</b>
<b>Full Legal Business Name</b>			
<b>Address (No P.O. Boxes)</b>			
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Country</b>
<b>Billing Address (if different from above)</b>			
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Country</b>
<b>Business Phone</b> ( )	<b>Alt. Phone or Cell Phone</b> ( )	<b>Fax Number</b> ( )	
<b>HTTP://</b>	<b>E-mail Address</b>		
<b>Principal (s) Authorized Officer (s)</b>			<b>Title</b>
<b>Person to Contact Regarding the Account</b>			<b>Title</b>
<b>Main Line of Business</b>			<b>Number of employees</b>
<b>Business License #</b>	<b>Tax Resale #</b>	<b>Dun &amp; Bradstreet</b>	
<b>In Business Since</b>	<b>Number of Locations</b>	<b>Company Type - (Check all that apply)</b>	
<b>If Corporation, What State</b>	<b>Date of Incorporation</b>		
<b>Gross Sales Last Three Years:</b> 2000 _____ 2001 _____ 2002 _____		<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit Organization <input type="checkbox"/> Franchisee <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Professional Corporation <input type="checkbox"/> Religious Organization <input type="checkbox"/> Home-Operated Business <input type="checkbox"/> Limited Partnership	
<b>What other products, services and companies do you represent?</b>			
<b>Who are your principle types of customers?</b>			
<b>Do you presently have a Sales Organization?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If so, how many sales representatives do you have employed?</b>		
<b>Please describe your Business in a short paragraph:</b>			

**Bank and Trade References**

Bank Name			Phone Number
Bank Address			Fax Number
Contact Name			
City	St	Zip	Country
1. Trade Reference		Address	Phone #
City	St	Zip	Country
2. Trade Reference		Address	Phone #
City	St	Zip	Country

**SIGNATURE (S) REQUIRED**

Check here if incorporated for more than one year and sign below. If you have not been incorporated for more than one year, please refer below.

**Officer or Authorized Signature (Signature Required)**

\_\_\_\_\_ Date \_\_\_\_\_

**This section must be completed if: (1) a sole proprietorship (2) a partnership; (3) a professional; (4) unincorporated; (5) incorporated for less than 1 year.** I agree that if my business has been incorporated for less than one year, unincorporated, a sole proprietorship, a partnership, or a professional, I authorize Heartland Technologies, Inc. or its agent to investigate my personal credit, financial records, including banking records. I understand that my personal credit bureau may be requested by Heartland Technologies, Inc. to partake in the investigation of my financial records. I agree to personally guarantee the payment of the debit, if any, and I understand that any negative information including failure to make required payments on the Account may be reported to the appropriate reporting agency.

Name		SS#
Present Home Address		
City	State / Province	Zip Code + 4 / Postal Code
Country	Home Phone # (      )	

Do Not Sign this business agreement before you have read the important information above. By signing below you agree to be bound by the terms and conditions.

**Authorized Signature (Required)**

\_\_\_\_\_ Date \_\_\_\_\_