

ACCUSHARP DEALER APPLICATION
Please complete and fax to (830) 693-6394

ORGANIZATION			
Organization Name		DBA or Trade Name	
Billing Address		Shipping Address	
Address Line		Address Line 2	
City, State, Zip		City, State, Zip	
Country		Country	
Phone		Phone	
Email			
OWNERS & PRINCIPALS			
1. Owner's name		Title	
Address		City, State, Zip	
2. Owner's name		Title	
Address		City, State, Zip	
TYPE OF BUSINESS			
Type	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other (LLC, etc.)		
SSN or EIN		State Tax ID#	
Years in Business	# of Employees___	# of Salespeople	<input type="checkbox"/> Inside <input type="checkbox"/> Outside
Sales Entity		Sales Entity (if Other)	
Warehouse Area (Sq Ft)		Geographical Areas Served	
Lines of merchandise			
REFERENCES			
Bank Name		Phone	
Address		City, State, Zip	
Bank Officer		Years Associated	
Trade Reference		Trade Phone	
Address		City, State, Zip	

Contact/Title		Years Associated	
Type Products Purchased		Fax	
Trade Reference		Trade Phone	
Address		City, State, Zip	
Contact/Title		Years Associated	
Type Products Purchased		Fax	
Signature			