

**DEALER APPLICATION FORM**

Fax back to EMC 513-242-5692

**Company Name** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Fed Tax ID \_\_\_\_\_ State Resale # \_\_\_\_\_

How long in business \_\_\_\_\_ Approx Annual Sales \_\_\_\_\_

**Type of business** (check one)

Individual ( ) Corporation ( ) Partnership ( ) Other ( )

**Owner or partnership home address:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_

**Financial information:**

Note: All orders are prepaid by charge card, certified or cashier's check

Name of bank \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Suppliers you are currently doing business with:**

Name \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Estimate number of Blower kits needed per year 1-2 ( ) 3-5 ( )

Estimate number of Fuel Injection System per year 1-2( ) 3-5 ( )

Estimate number of Torqmaster 125-130 motors per year 1-2 ( ) 3-5 ( )

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

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**EMC office use only**

filename: dealer application form.doc

Approved by \_\_\_\_\_ Date \_\_\_\_\_ Dealer # \_\_\_\_\_

Dealer agreement sent by \_\_\_\_\_ Date \_\_\_\_\_