

# DEALER APPLICATION



Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Years in Business: \_\_\_\_\_ Federal Tax ID or SSN: \_\_\_\_\_ Resale ID: \_\_\_\_\_

Tax Exempt?  Y  N – If yes, please fax copy of Tax Exempt Certificate with this application.

What equipment lines do you currently sell? \_\_\_\_\_

\_\_\_\_\_

What attachment lines do you currently sell? \_\_\_\_\_

\_\_\_\_\_

How did you find out about Blue Diamond? \_\_\_\_\_

How many sales people do you have? \_\_\_\_\_ How many locations? \_\_\_\_\_

By: \_\_\_\_\_  
Print Name Signature Date

\*\*\*\*\*FILL OUT COMPLETELY AND FAX BACK TO 865-688-3194\*\*\*\*\*

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Office use only below this line.

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_