

DEALER APPLICATION
Please Note: It can take up to two (2) business days to process New Dealer applications
COMPANY INFORMATION

Name:		Telephone:
Company:		Fax:
Mailing Address:		Residential or Business:
Address Line 2:		
City:	State:	Zip:
Shipping Address:		Residential or Business:
Address Line 2:		
City:	State:	Zip:
Email Address:		Website:
Type of Business (Retail, Installation, etc):		Years in Business:
Resale Tax ID#:		
Federal ID#:		
Purchase Order Required?		Purchasing Contact:

ABOUT YOUR BUSINESS

Number of Locations:	Number of Techs / Installers:
Where did you hear about us?	

A valid signed Resale Tax ID from your state government is MANDATORY for the processing of this application. Please make sure to fax a copy of your Resale Tax ID with your Application.

I understand that this is not a contract nor does it constitute an agreement toward partnership and/or representation. It is for informational purposes only. I certify the accuracy of the information provided. I hereby authorize Tech Tool Supply, LLC to process payment for telephone orders, to the above referenced credit card. These orders will be made by the above listed authorized users. Any changes such as adding or deleting users will be made in writing to Tech Tool Supply, LLC. I assume responsibility for payment & in doing so I agree to abide by Tech Tool Supply, LLC Return Authorization conditions. I have read the above conditions & hereby agree to the terms

Signature: _____ Title: _____ Date: _____

FOR OFFICE USE ONLY

Approved By: _____ Account Number: _____