

DEALER APPLICATION

Please print this form and enter the requested information. This form and a completed and signed 'Confidential Credit Application' should be sent to: Flagzone, LLC, Attn: Sales Dept., 105A Industrial Drive, PO Box 526, Gilbertsville, PA 19525-0526. Upon receipt of this application, we will issue a customer account number and initial credit line and terms. This will be done within 2 business days after receipt of your forms.

COMPANY NAME: _____

MAILING ADDRESS: _____

CITY, STATE & ZIP: _____

SHIPPING ADDRESS *: _____

CITY, STATE & ZIP: _____

*IF DIFFERENT FROM MAILING – UPS **WILL NOT** DELIVER TO A P.O. BOX

PLEASE CHECK ONE: COMMERCIAL ADDRESS ___ YES

 RESIDENTIAL ADDRESS ___ YES

PHONE #: _____ FAX #: _____

WEB SITE: _____ EMAIL: _____

COMPANY CONTACT: _____

ACCOUNTS PAYABLE CONTACT: _____

YEARS IN BUSINESS: _____ # YEARS AT LOCATION: _____

PRIMARY BUSINESS TYPE:

DISTRIBUTOR: _____

RETAILER: _____

MAIL ORDER: _____

OTHER: _____

MAJOR PRODUCT LINES: _____

YELLOW PAGE AD: ___ YES ___ NO IF YES, HEADING: _____

TRADE GROUP MEMBERSHIPS: _____

COMMENTS: _____

OFFICE USE ONLY

Dealer #: _____

Credit: _____

Approved By: _____

CSR: _____

Limit: _____