



“When Accuracy Matters”

Dealer Set Up Form

Business Name: _____ Phone #: _____
Address: _____ Fax #: _____
Contact Name: _____ email: _____
D&B#: _____ Retail Tax ID#: _____
Date Established: _____ How Long in Business _____

OWNERSHIP: ___ Sole Owner ___ Partnership ___ Corporation
If Incorporated, in which state? _____
Principal: _____
(Name) (Title) Home Address

Trade References:
Table with columns: Company, Address, Contact, Phone

BANK REFERENCES:
Table with columns: (Name), (Address), (Acct#), (Contact)

Submitted by: _____
Signature: _____
Title: _____
Date: _____

