



DEALER APPLICATION

Company Name _____

DBA _____

Billing Address _____

(Please list all ship to locations on a separate sheet)

Please complete the detailed information below and sign as specified. If an attachment is available with your general information and bank/trade references, please indicate and attach. Thank you.

A/P Contact Name _____ CFO Name _____

A/P Phone _____ CFO Phone _____

A/P Fax _____ CFO Fax _____

A/P E-Mail _____ CFO E-Mail _____

I/We prefer to receive our invoices via Fax E-Mail at _____

Phone _____ Fax _____

Type of Business Structure (Corporation, Partnership) _____

Type of Business (Wholesale, Retail, Jobber, etc.) _____

Fed Tax I.D. Number _____ Resale Number _____

(A copy of resale certificate is required)

of Employees _____ Yrs. In Business _____

Principals Name _____ Principals Phone _____

– All sales are conducted via credit card payment or online. –

Payment Types Accepted Include: Visa, Mastercard, American Express or Paypal

Signature _____ Date _____ Signature _____ Date _____

Once completed, please print, sign and fax to 303-872-6659
or sign, scan and email to sales@STechSwitch.com