



Official Dealer Application

PO Box 39
1800 Rees St.
Breaux Bridge LA 70517

1.800.256.2408
Fax: 337.507.8308

(Please print in the fields below with black or blue ink)

Note: This is not a Credit Application

Business Name: _____

Business Type: _____

Phone: _____

Email: _____

Fax: _____

Mailing Address: _____

Delivery Address: (check if same as mailing) _____

Primary Target Marketing: _____

Years in Business: _____ Tax ID #: _____

Business is: (Circle One) Corporation / Partnership / Sole
If a corporation, which states are you incorporated in? _____

Name of Principle Owner(s) / Partners (Please include Title and % of ownership) _____

Authorized Buyers & Titles: _____

Desired Payment Terms: (check one) _____ Credit Card: (Circle Type) Visa / MC / Discover / AE
_____ Open (May take up to 4 weeks for approval;
Credit Application Must be Completed)

Annual Sales Volume: _____

Do you require purchase order numbers? Yes / No

Accounts Payable Contact: _____

Authorized Signature: _____

Print Name Here: _____

Title: _____

Date: _____

How did you hear about us? _____