

STYLED WHEELS

Dealer Application



PLEASE ATTACH THE FOLLOWING

- Copy of your Business License
- Copy of your Resale Card/Certificate

COMPANY INFORMATION

Company Name: _____

Contact Person: _____

Street Address: _____

City: _____ State: _____ Postal Code: _____

Phone: (_____) _____ Fax: (_____) _____

Website: _____

Email: _____ Tax Resale No: _____

OWNER INFORMATION

Name(s): _____

Street Address: _____

City: _____ State: _____ Postal Code: _____

Phone: (_____) _____ Fax: (_____) _____

TRADE REFERENCES

Company Name: _____

Contact Person: _____

Dealer Number: _____

Phone: (_____) _____ Fax: (_____) _____

Company Name: _____

Contact Person: _____

Dealer Number: _____

Phone: (_____) _____ Fax: (_____) _____

Company Name: _____

Contact Person: _____

Dealer Number: _____

Phone: (_____) _____ Fax: (_____) _____

BANK REFERENCE

Bank Name: _____

Contact Person: _____

Phone: (_____) _____ Fax: (_____) _____

Signature: _____ Date: _____

Thank you for your interest in becoming a Styled Wheels Dealer!

