



360 422 9998

info@boatliftsintl.com

## Dealer Application

Date: \_\_\_\_\_  Incorporated  Sole Proprietor  Partnership Date Founded: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address & PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax #: \_\_\_\_\_

Shipping Address: ( No PO Box Numbers) \_\_\_\_\_

Type Of Business: \_\_\_\_\_ State Tax # (WA only) \_\_\_\_\_

Contact Name: \_\_\_\_\_ Credit Line Request \$ \_\_\_\_\_

Owner/Principal: \_\_\_\_\_ SS #: \_\_\_\_\_ Hm Phone: \_\_\_\_\_

Hm Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner/Principal: \_\_\_\_\_ SS#: \_\_\_\_\_ Hm Phone: \_\_\_\_\_

Hm Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name Of Bank: \_\_\_\_\_ Branch: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Account #: \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_

### Trade References:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_