



360 770-5523

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: _____