

## Dealer Application

### BILL TO:

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

Street: \_\_\_\_\_

City: \_\_\_\_\_ Prov \_\_\_\_\_

Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Website: \_\_\_\_\_

### SHIP TO:

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

Street: \_\_\_\_\_

City: \_\_\_\_\_ Prov \_\_\_\_\_

Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Website: \_\_\_\_\_

### OWNERSHIP:

Type of Business: DBA: \_\_\_\_\_ Individual: \_\_\_\_\_ Partnership: \_\_\_\_\_ Corp/LLC \_\_\_\_\_

Year(s) in Business: \_\_\_\_\_ Years of Inc. \_\_\_\_\_ Country of Incorporation: \_\_\_\_\_

Business License Number: \_\_\_\_\_ Country: \_\_\_\_\_

Name of Principals: Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### FINANCES:

Bank Name: \_\_\_\_\_ Street: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Account Number: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Method of Payment: \_\_\_\_\_ Wire Transfer \_\_\_\_\_ Credit Card \_\_\_\_\_

### REFERENCES:

Company Name	Address (including Zip Code)	Phone/Fax#
1) _____	_____	T _____
Account # _____	_____	F _____
2) _____	_____	T _____
Account # _____	_____	F _____
3) _____	_____	T _____
Account # _____	_____	F _____

We authorize you, Airow Gun™, to contact the references given above (including our bank) to obtain sufficient and satisfactory credit information. As partial consideration for the approval of our credit, we agree to pay a service charge of 1.5% per month on all past due amounts until all past due amounts are paid. Collection expenses and/or legal fees incurred in the collection of overdue balances will be