

Dealer Application for Credit

COMPANY INFORMATION

Company name _____

Billing address _____

Office address _____

Contact _____

Phone _____

Fax _____

Email _____

_____ Corporation _____ Partnership _____ Proprietorship _____ Other

Number of inside & outside sales reps _____

Type of business _____

Year established _____ Yearly Gross sales \$ _____

Yearly net profits \$ _____

Net value \$ _____

Resale #:

FEIN #:

Dun #:

Tax ID#

Do you currently sell online? _____

If yes, what is your eCommerce web address? _____

Do you currently participate in trade shows? _____

If yes, please describe what trade shows _____

Please choose the reseller program you are interested in:

Inventory our products _____

We drop-ship our products to your customers _____

CREDIT REFERENCES

Name _____

Address _____

City _____

State _____

Zip _____

Phone _____

Fax _____

Name _____

Address _____

City _____

State _____

Zip _____

Phone _____

Fax _____

Name _____

Address _____

City _____

State _____

Zip _____

Phone _____

Fax _____

BANK REFERENCES

Name _____

Address _____

City _____

State _____

Zip _____

Phone _____

Fax _____

AUTHORIZATION

All information provided herein is believed to be correct and is being submitted for the purpose of requesting credit is extended to _____. We hereby authorize AutoExec, Inc. to investigate any references or financial information provided herein which pertains to _____ credit and/or financial responsibility.

Authorized signature _____ Date _____

Name _____

Please attach your **business plan and/or outline** describing your marketing strategies and mediums as well as short and long term goals with the Auto Exec line.