



750 Paul Bunyan Dr NW  
 Bemidji, MN 56601  
 Phone (218) 497-8468  
 Fax (218) 497-0360

# Dealer Application

## Business Information

Legal Name: \_\_\_\_\_ DBA (if any): \_\_\_\_\_

FEIN: \_\_\_\_\_ Business Type (Check all that apply): Retailer Installer Ecommerce Other: \_\_\_\_\_

Years in Business: \_\_\_\_\_ Estimated Annual Sales: \$ \_\_\_\_\_ Sq Ft of Retail Space: \_\_\_\_\_ Sq Ft of Installation Space: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Shipping Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_ City, State Zip: \_\_\_\_\_

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

Number of Employees: \_\_\_\_\_ Owners: \_\_\_\_\_ Partners: \_\_\_\_\_

Sales Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

AP Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please list product lines that you purchase from distributors: \_\_\_\_\_

## Trade References

_____ (Company Name)	_____ (Sales Representative Name)	_____ (Phone # and Extension)	_____ (Account Number)
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_____ (Company Name)	_____ (Sales Representative Name)	_____ (Phone # and Extension)	_____ (Account Number)

## Completed by Authorized Representative:

_____ (Signature)	_____ (Title)
_____ (Printed Name)	_____ (Date)

## Please Read:

Completed application is to be emailed to sales@tmauto wholesale.com or faxed to (218) 497-0360. Resale certificate must be submitted before first order for sales tax exemption. Please submit exterior photos of your storefront, showroom, in installation area with application, along with one of the following – Business License, Certificate of Good Standing, Articles of Incorporation, Articles of Organization, or Certificate of Formation.

This is not a credit application. All orders must be paid for in full at time of order.