



**www.TRUREV.com**  
**Authorized Dealer Application**

**Fax to (954) 316-1681**

Business Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Email (Primary Contact) \_\_\_\_\_  
Web Site \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Number of Years in Business \_\_\_\_\_  
Operating As \_\_\_\_\_ Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_  
Name of Owner \_\_\_\_\_  
Federal I.D. or Social Security # \_\_\_\_\_ (if applicable)  
State Business License Number \_\_\_\_\_ (if applicable)  
(Please include a copy of your business license)  
State Resale License Number \_\_\_\_\_ (if applicable)  
(Please include a copy of your resale license)

**Please List below the company name and address of three (3) trade references**

Name \_\_\_\_\_ Account Number \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Account Number \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Account Number \_\_\_\_\_ Phone \_\_\_\_\_

**PLEASE INCLUDE ALL REQUIRED DOCUMENTS, IF NOT APPROVAL OF YOUR APPLICATION MAY BE DELAYED.**

For fastest approval, please print or type clearly. A copy of both the business and resale license must be included with the Application (Foreign reseller may not be applicable).

**I certify that the information above is completed fully and correctly**

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

Office Use Only: Approved: \_\_\_ By: \_\_\_\_\_ Date: \_\_\_\_\_