



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: _____