



# Dealer Application

165 Commerce St., PO Box 2189, McCall, ID 83638 (208)634-5559 fax (208)634-5569

Company Name \_\_\_\_\_  
Email Address \_\_\_\_\_  
Web Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax \_\_\_\_\_  
Date of Application \_\_\_\_\_  
Owner / Manager Name \_\_\_\_\_  
Accounts Payable Name \_\_\_\_\_  
Authorize Orders Names \_\_\_\_\_

## Billing Information

Company / Name \_\_\_\_\_  
Address 1 \_\_\_\_\_  
Address 2 \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Country \_\_\_\_\_  
Zip / Postal Code \_\_\_\_\_  
State Resale Number \_\_\_\_\_

## Mailing Information

Same as Above

Company / Name \_\_\_\_\_  
Address 1 \_\_\_\_\_  
Address 2 \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Country \_\_\_\_\_  
Zip / Postal Code \_\_\_\_\_

# Tekin Dealer Application Cont.

## Additional Store Information

Years in Operation \_\_\_\_\_

Years At This Location \_\_\_\_\_

Store Hours \_\_\_\_\_

Race Track at Facility                      YES                      NO

## Trade References

Company \_\_\_\_\_ Contact \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Company \_\_\_\_\_ Contact \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Company \_\_\_\_\_ Contact \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

## General Comments

### Office Use Only

Received Date \_\_\_\_\_ Approval Date \_\_\_\_\_

### Notes

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