



DESCO CORPORATION

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DESCO DEALER APPLICATION



BUSINESS NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: ____ - ____ - ____ FAX: ____ - ____ - ____ E-MAIL: _____

WEBSITE (if applicable): _____

OWNER/MANAGER: _____

SHOP INFORMATION:

SQUARE FOOTAGE: _____ NUMBER OF PERSONNEL: _____

HOURS OPEN: _____ AVERAGE VALUE OF INVENTORY: \$ _____

OTHER BRANDS HANDLED: _____

CREDIT INFORMATION:

BANK REFERENCE: _____

BUSINESS REFERENCES: 1. _____

2. _____

3. _____

RESALE CERTIFICATE NUMBER: _____

SIGNATURE of OWNER or AUTHORIZED AGENT

DATE

Please sign, date, and return to DESCO Corporation.

For the Terms and Conditions of this agreement see the Terms & Conditions Form. The Terms & Conditions form must be submitted with this form.