



# DEALER APPLICATION

## And Sales Agreement

16 East Industrial Road • Branford, CT 06405

In State 1-800-423-5992 Out of State 1-800-243-1956 Fax 1-203-483-5841

Please complete ALL information requested. Our credit decisions will be based on the information that you provide. The more information given the more accurate our credit decision can be.

Legal Company Name: \_\_\_\_\_

DBA or Trade Name (if different from above): \_\_\_\_\_

Mailing (Billing) Address: \_\_\_\_\_

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

Store Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Federal Taxpayer I. D. #: \_\_\_\_\_ Date Present Ownership was Established: \_\_\_\_\_

Business Identity:  Corporation  LLC Date of Incorporation \_\_\_\_\_  Sole Proprietorship  Partnership

Check box if:  You have ever declared bankruptcy  You have any pending lawsuits against you or your company

A company you have had ownership in has ever declared bankruptcy \_\_\_\_\_

Building is:  Owned  Rented  Leased Name and address of landlord \_\_\_\_\_

List below the individual names of the proprietors/owners, partners, or the officers of the corporation and their respective titles. Please include each individual's home address, home telephone number, social security number and drivers license number. **Note:** If signing on behalf of a corporate entity, by including their Social Security Number, the signer hereby authorizes Hal Brown Co. to obtain a credit report for the individual as well as for the corporation.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street Town State Zip Code

Home Phone #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Signature: \_\_\_\_\_ Drivers License # & State: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street Town State Zip Code

Home Phone #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Signature: \_\_\_\_\_ Drivers License # & State: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street Town State Zip Code

Home Phone #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Signature: \_\_\_\_\_ Drivers License # & State: \_\_\_\_\_

Will you accept COD-Bank Check/Money Order shipments until credit is established?  Yes  No If no, please explain \_\_\_\_\_

Person to contact regarding accounts payable payments/discrepancies, etc. \_\_\_\_\_

Buyer's name(s): \_\_\_\_\_

### Certificate of Resale & Retail Sales Tax Permit Number

The State Tax Regulation requires that we obtain, from our customers a copy of your Certificate of Resale and Retail Sales Tax Permit.

\*\*\*Without a copy of this permit orders cannot be processed.\*\*\*  Enclosed  Will Send  Previously Sent



