



1036 NE PINE ISLAND ROAD, UNIT#6 CAPE CORAL, FL 33909
 Phone: 1-(888)-EINOX4U Fax: 239.242.0048

DEALER APPLICATION

BUSINESS CONTACT INFORMATION			
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:		State:	Zip Code:
Date business commenced:			
Present Management since:			
Accounts Payable Manager:			
Buyer's Name:		Phone:	Fax:
Sole Proprietorship <input type="checkbox"/>	Partnership <input type="checkbox"/>	Corporation <input type="checkbox"/>	Limited Liability Company <input type="checkbox"/>
If Partnership, list the full name, home address and home telephone number for each partner:			
Name:		Name:	
Address:		Address:	
SSN:		SSN:	
Driver's License No.		Driver's License No.	
Phone #:		Phone #:	
If there are more than two partners, please include the same information for each additional partner on a separate sheet of paper			
If Corporation or Limited Liability Company:			
State of formation:			
Date of formation:			
BUSINESS AND CREDIT INFORMATION			
Primary business address:			
City:		State:	Zip Code:
How long at current address?			
Phone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:		State:	Zip Code:
Type of account:	Account number: (fill in below)		
Savings <input type="checkbox"/>			
Checking <input type="checkbox"/>			
Other:			
Applicant's Bank Reference (Name) :			
Phone:	Fax:	E-mail:	

BUSINESS / TRADE REFERENCES			
Company name:			
Address:			
City:	State:	Zip Code:	
Phone:	Fax:	E-mail:	
Company name:			
Address:			
City:	State:	Zip Code:	
Phone:	Fax:	E-mail:	
Company name:			
Address:			
City:	State:	Zip Code:	
Phone:	Fax:	E-mail:	
Will COD Payments be accepted until Credit approved?			
OFFICIAL INQUIRIES			
Applicant represents and warrants that all of the above information in this Credit Application is true and correct and by submitting this application, you authorize EINOXTUNING LLC to make inquiries with the banking/credit and business/trade references that you have supplied.			
SIGNATURES			
Applicant Name: _____ Partner's Name: _____			
Signature: _____ Signature: _____			
Title: _____ Title: _____			
Date: _____ Date: _____			

Please fax the following documents along with this application to (239) 242-0048.

VALID BUSINESS LICENSE

RESALE CERTIFICATE

TAX EXEMPT CERTIFICATE

If a hard copy of the tax exempt certificate is not on file at the time of billing, appropriate sales tax will be charged accordingly