



fatheadz

distributor application form

Dealer Name: _____ If Corp: what State _____

Address: _____

City: _____ State: _____ Zip: _____

Phone () _____ Fax () _____

Years in Business: _____ Years _____ months Do you sell online: Yes ___ No ___

Sales Tax ID#: _____ Federal Tax ID# _____

Type of Business: _____ How many Locations: _____

Owners Name: _____ Social Sec. # _____

Owners Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____ Web site address _____

How will payments be made: ___ Check ___ Credit Card ___ Money Order

Bank Name: _____ Branch Location: _____

Phone: _____ Bank Acct. # _____

Signature of Owner if dealer is applying for credit terms:

Authorized employee Signature who will be doing the buying: