

DEALER APPLICATION



2164 Elm Road NE
Warren, OH 44483
330-856-6924

Company Name:

Company Address:

Billing Address (if different):

City:	State:	Zip Code:	City:	State:	Zip Code:
-------	--------	-----------	-------	--------	-----------

Country:	Country:
----------	----------

Telephone:	Fax:	E-mail:	Website:
------------	------	---------	----------

Federal Tax ID No.	Reseller Permit No:	Company Composition: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation	Corporation State of:
--------------------	---------------------	---	-----------------------

Please attach the following and return with completed Dealer Application:
Copy of current business license
Copy of State Resale Certificate

Principal/Owner	Title	Phone No. & Extension	E-mail
-----------------	-------	-----------------------	--------

Authorized Purchaser	Title	Phone No. & Extension	E-mail
----------------------	-------	-----------------------	--------

Accounts Payable Contact	Title	Phone No. & Extension	E-mail
--------------------------	-------	-----------------------	--------

Name of Authorized Representative	Title
-----------------------------------	-------

Signature	Phone No. & Extension	Date
-----------	-----------------------	------

Dealer Requirements

- An initial order of \$750 is required to be set up as a dealer. After the initial order there is no minimum order.
- Orders over \$100.00 will receive free shipping. (not all items are eligible. exhaust, wheels, or heavy items)
- Must spend at least \$1500 per year to maintain dealer status. If not your price level will revert back to retail price level

Please email this completed form along with a copy of your business license and tax resale number to customerservice@buywitchdoctors.com