



Igniting Ideas. Delivering Results.

# DEALER APPLICATION FORM

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

OWNER'S HOME PHONE NUMBER: \_\_\_\_\_

Are you listed in the telephone book under your business name, or in the yellow pages, with the business name or classification clearly indicating a tools business? \_\_\_\_\_

Please attach a copy of the listing, or wholesale invoices from three recognized tools distributors clearly showing that you are receiving a discount.

**This is necessary for your company to be eligible for full dealer discounts.**

Do you have a service department capable of repairing Super Tools?

Would you like us to refer repair customers to you? \_\_\_\_\_

Would you like us to contact you periodically regarding dealer specials? \_\_\_\_

PREFERRED PAYMENT METHOD: \_\_\_\_\_

CREDIT CARD #: EXPIRY DATE: \_\_\_\_\_

Card Holder's Name: \_\_\_\_\_

Card Holder's Address: \_\_\_\_\_

Card Holder's Signature: \_\_\_\_\_

COD (in Canada and USA): \_\_\_\_\_



Igniting Ideas. Delivering Results.

Signature of Authorized Person: \_\_\_\_\_

Position: \_\_\_\_\_