

COFFMAN'S EXHAUST DEALER APPLICATION

Date: _____

Company Name: _____

Company Address: _____

Company Phone #(s) _____

Company Fax # _____

E-mail Address: _____

Website: _____

Please check which applies to your dealership:

Corporation _____ Sole Proprietorship _____ LLC _____

Corporation ID# _____

If you are a Corporation, please list officers names and title.

1. _____

2. _____

3. _____

If you are a Sole Proprietorship, please list Owner(s)

1. _____

2. _____

Authorized person to purchase: _____

ALL SALES ARE BY BUSINESS CREDIT CARD ONLY. CREDIT CARD SHIPPING AND BILLING MUST BE THE SAME UNLESS OTHERWISE APPROVED.

Please include the following information with your application.

_____ Copy of your business license

_____ Copy of your resale license

_____ Photo of store outside showing your signage

PLEASE MAIL OR FAX TO: Coffman's Exhaust 181 Wabash Ave. Ukiah, CA 95482 (fax) 462-9369 or e-mail to: coffmns@sbcglobal.net

Signature _____ **Dated** _____