



EASY-LIFT PRODUCTS INTERNATIONAL (Dealer Application)

COMPANY INFORMATION

COMPANY NAME: _____ BILL TO ADDRESS: _____

OWNER NAME: _____

ACCOUNTS RECEIVABLE: _____

PHONE: _____

ALT PHONE: _____ SHIP TO ADDRESS: _____

FAX: _____

WEBSITE: _____

EMAIL: _____

CREDIT REFERENCES

COMPANY NAME: _____ PHONE: _____

OWNER NAME: _____ FAX: _____

ADDRESS: _____ # OF YEARS DOING BUSINESS: _____

_____ ADDITIONAL INFO: _____

COMPANY NAME: _____ PHONE: _____

OWNER NAME: _____ FAX: _____

ADDRESS: _____ # OF YEARS DOING BUSINESS: _____

_____ ADDITIONAL INFO: _____

COMPANY NAME: _____ PHONE: _____

OWNER NAME: _____ FAX: _____

ADDRESS: _____ # OF YEARS DOING BUSINESS: _____

_____ ADDITIONAL INFO: _____
