



## Dealer Information Form

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Store Name: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Web Address: \_\_\_\_\_

Location: \_\_\_\_\_  
Street City State Zip

A. Ship to Same as Store Location?  Yes  No

Ship to Name: \_\_\_\_\_

Location: \_\_\_\_\_  
Street City State Zip

Authorized Buyer: \_\_\_\_\_  
Name Title Phone

B. Payment Method:  Master Card  Visa  Check/Money Order\* (US funds)  
 Funds Transfer  PayPal \* Only for WalletBe approved partners

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
Street City State Zip

Card Account No: \_\_\_\_\_ Expiration Date (mm/yyyy): \_\_\_\_\_

Signature: \_\_\_\_\_ 3 Digit V Code: \_\_\_\_\_

C. Preferred Shipping Method:  UPS  Other (please specify): \_\_\_\_\_

D. Resale ID No: \_\_\_\_\_

D. Trade References:

Reference: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Reference: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Reference: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip