



3600 Red Road Suite 304 Miramar, FL 33029, USA
Tel. (954) 374- 9886 Fax. (305)749- 8109

Dealer Application

Company Name _____ Date established (mm/yy) _____

Billing Contact _____

Billing Address _____

Delivery Address Same Other (please specify) _____

Phone _____ Fax _____

This Business is a Sole Proprietorship Partnership Corporation

Major Product or Service _____

Wholesale % Retail %

Company Registration # _____

Bank Reference

Account Number _____

Name of Bank _____

Address/City/State/Zip _____

Phone _____ Fax _____

Trade References

Name _____ Contact _____

Address/City/State/Zip _____

Phone _____ Fax _____

Name _____

Contact _____

Address/City/State/Zip _____

Phone _____

Fax _____

Name _____

Contact _____

Address/City/State/Zip _____

Phone _____

Fax _____

Name and Title of Key Officer _____

Name and Title of Key Officer _____

The undersigned certifies information supplied is correct and authorizes Interport Distributors Inc. to verify same. New client acknowledges and agrees to pay all undisputed items in accordance with Interport Distributors' payment terms and any finance charges on overdue accounts.

Signature Officer _____ Title _____

Print _____ Date _____