

800 South State Street / Suite 4 / Lockport, IL 60441 / 630-243-9100 / 630-685-4054 (FAX)

Dealer Application

FAX BACK TO: 630-685-4054

U.S.A. dealers must include copies of your business license and sales tax resale certificate

	ite copies of your ousuite		<u> </u>			
Company Name:						
Contact Person:						
Contact i erson.						
Street Address:	Street Address:					
City:						
State:		Zip Code:				
Phone Number:		Web Site:				
Fax Number:		E-Mail:				
Please provide us with the following fo	or access to our we	bsite: Login:	Password:			
Type of Business:	Sole Proprietor	Partnership	Corporation	LLC		
Federal Tax I.D. Number:						
State Resale Tax Number:						
President's or Owner's Name:						
President's or Owner's Address:						
President's or Owner's Home Phone:						
THE UNDERSIGNED hereby certifies that all tangible personal property hereafter purchased by the undersigned is for purposes of resale, and assumes liability for payment of Retailers' Occupation Tax (sales tax) with respect to receipts from the resale of this property to users or consumers.						
THIS CERTIFICATE SHALL BE CONSIDERED A PART OF EACH ORDER WHICH WE SHALL GIVE, UNLESS SUCH ORDER OTHERWISE SPECIFIES.						
Signature:		Print Name:				
Title:		Date:				