

TRIDENT

APPLICATION for DEALERSHIP

STORE / SHIP TO INFORMATION

STORE NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE # _____ FAX # _____

STATE RESALE # _____

EMAIL ADDRESS _____

BILL TO INFORMATION IF DIFFERENT FROM SHIP TO:

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP _____

CREDIT CARD # _____ EXP DATE; _____ V-CODE _____

APPROVED BUYERS INFORMATION

AUTHORIZED BUYER _____

AUTHORIZED BUYER _____

AUTHORIZED BUYER _____

RETAIL STORE INFORMATION

DO YOU HAVE A RETAIL STORE FRONT? _____ IN HOME STORE _____ WAREHOUSE AREA _____

WHAT ASSOCIATIONS ARE YOU AFFILIATED WITH? _____

DO YOU OFFER INTERNET SALES _____, IF YES, WEB ADDRESS: WWW. _____

TRADE REFERENCES (CURRENT SUPPLIERS)

COMPANY _____ CONTACT _____ TERMS _____

COMPANY _____ CONTACT _____ TERMS _____

COMPANY _____ CONTACT _____ TERMS _____

STATEMENT OF FACTS

I hereby state that all of the information I have provided above is true and correct to the best of my knowledge, and I authorize TRIDENT to check references I have provided and also my bank, for the purpose of extending me and / or my firm credit.

DATE _____ PRINT NAME _____

SIGNATURE _____

9616 OWENSMOUTH AVE. CHATSWORTH, CA 91311
TEL 818-998-7518 FAX 818-998-2423
fax or email to: Trident@TridentDive.com