

117 Osborne Street PO Box 438 Sherman, NY 14781 716/761-6996 FAX 716/761-6688 Email:heather@tripleemfg.com

Dealer Application

Date:		Contact:				
Company N	Name:					
Ship To:			Bill To:			
— Telephone	Number:					
Email:			Website:			
We Operate	e: Retail Store (# of stores)	Internet Sales	Catalog	Mobile Unit	
In E	Business For:	Years	S			
This is a:	Corp. Co-Partnership Limited Partnership		nership	Individual		
Cor	ntact Name:					
Tra	de References:					
1.	Name:				-	
	Address:					
	Phone:		Fax:			
2.	Name:				-	
	Address:					
	Phone:		Fax:			
3.	Name:				-	
	Address:				_	
	Phone:		Fax:			
Bank:	Type of Account:					
1 ax	Exemption Nun	nber:				