

ArmorCoatTM

Revolutionary paint protection coating

New Dealer/Distributor Application

- Automotive Warehouse Distributor
- Paint & Body Equipment Jobber
- Specialty Automotive Distributor
- Automotive Hard Parts Distributor
- Automotive Tools & Equipment
- HD Truck & Fleet Distributor
- Automotive Chemicals Distributor
- Marine or Industrial Distributor
- National Retail Account
- Automotive Exporter

Includes Business Profile Questioner & Credit Application



Armor Auto, LLC
P.O. Box 3974
Missoula, MT 59806
1-800-433-6903
Fax: 1-800-735-0477
www.armorauto.com

Dealer-Distributor / Credit Application

COMPANY INFORMATION

Company Name: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Ship to Address: *(If different than billing)* _____

Company Email Address: _____

Web Site Address: _____

State Sales Tax Resale Number: _____ Duns No. _____

Primary Contact: _____ Title: _____

Secondary Contact: _____ Title: _____

Accounts Payable Contact: _____ Phone: _____ Ext: _____

Type of Ownership: Corporation Partnership Sole Proprietor Other _____

PERSONAL INFORMATION

Please provide personal information for all owners, partners, & corporate officers.

Name: _____ Title: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Email: _____

Name: _____ Title: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Email: _____

Name: _____ Title: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Email: _____

PLEASE TELL US ABOUT YOUR BUSINESS

Brief description of your business: _____

How many locations does the company have? _____ Stores _____ Warehouses

If multiple store or warehouse locations exist, please attach list _____

Who are your main competitors in your market? _____

Year business was established: _____ Years at present location: _____

Hours of operation: _____

Does your company have an outside sales force? *(Circle one)* Yes No

If so, please list number of: _____ Salaried Sales People _____ Independent Sales people

Is your business listed under the business name with the phone company? _____

Is your business listed in the yellow pages? (Provide copy with this application) _____

What is the company's annual gross sales? _____

What other product(s) or product lines does your company distribute? _____

Do you currently advertise your business? _____

If so, in what publications? _____

Is your business currently a member of any organizations? _____

Please list organizations: _____

FINANCIAL INFORMATION

Primary Bank Name: _____ Banking Contact: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Checking Account No.: _____

CREDIT REFERENCES (Please list three creditors)

Company Name: _____ Account No.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Company Name: _____ Account No.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Company Name: _____ Account No.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Do the suppliers above accept your company checks? (Circle one) Yes No

TO PROCESS YOUR APPLICATION PLEASE INCLUDE THE FOLLOWING:

- 1) A copy of your current business license.
- 2) A complete and signed copy of your resale certificate.
- 3) Photo of your store front or signage. *(Not applicable to warehouse type distributors)*
- 4) A copy of your business listing in the yellow pages. *(Not applicable to warehouse type distributors)*

You may mail, fax or email the application and required documentation to our office. We are looking forward to a long and rewarding relationship with you. If you have any questions please do not hesitate to call.

*Applicant agrees that Armor Auto, LLC, may inquire into the financial background & authorizes banks, vendors, bonding agencies or other lending agents to provide said information to Armor Auto, LLC.

This information will be held in strict confidence & is to be solely used for the purpose of determining credit worthiness of the applicant.

In the event that the applicant's account becomes delinquent, applicant agrees that Armor Auto, LLC shall have the right to bring suit against the applicant; if this occurs the applicant agrees to pay all costs of collection including reasonable attorney's fees or assigns. Applicant further agrees that the venue of any suit may be laid in the State of Montana. Applicant agrees that past due balances are subject to finance charges at a rate of 1.5% per month.

If Sales Tax Exemption is claimed: I, the buyer, certify that I am purchasing all items in the regular course of business & acknowledge that I am solely responsible for the purchase. I acknowledge that misuse of the resale privilege subjects me to a penalty of 50% of the sales tax due plus the tax due.

Signature/Title: _____ Signature/Title: _____

Name (Printed): _____ Name (Printed): _____

Date: _____ Date: _____

Please mail or fax completed application to:

Armor Auto, LLC • P.O. Box 3974 • Missoula, MT 59806 • Toll Free Fax: 1-800-735-0477
Toll Free Phone: 1-800-433-6903 • Email: info@armorauto.com • www.armorauto.com

For Office Use Only

If returning this application via fax or mail, please do not submit this page.

Company Name: _____ Contact: _____

Reviewed By: _____ Date: _____

Approved/Declined By: _____ Date: _____

If declined, please include explanation: _____

Notes: _____
