

# DEALER APPLICATION



## Company Information

Company Name: \_\_\_\_\_ DNB #: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
Mailing Address (if different): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
eMail: \_\_\_\_\_ Web: \_\_\_\_\_  
Parent Company (if applicable): \_\_\_\_\_ Parent Co. Address: \_\_\_\_\_  
Resale Certificate Number (Please attach copy): \_\_\_\_\_ Federal ID #: \_\_\_\_\_

## Contacts

Primary Sales Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ eMail: \_\_\_\_\_  
Order Confirmation eMail: \_\_\_\_\_ Order Tracking eMail: \_\_\_\_\_  
Accounts Payable Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ eMail: \_\_\_\_\_  
Invoicing eMail (if different): \_\_\_\_\_

## Details

Total # of Employees: \_\_\_\_\_ Technicians: \_\_\_\_\_  
Inside Sales: \_\_\_\_\_ Outside Sales: \_\_\_\_\_  
Sales Radius: \_\_\_\_\_ Miles or specific area: \_\_\_\_\_  
Does your company provide  installation  on-site service/repair?  
What other products/services do you sell and support?: \_\_\_\_\_

## Financials

Bank Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_  
eMail: \_\_\_\_\_  
Account #: \_\_\_\_\_  Checking  Savings Other: \_\_\_\_\_  
Account #: \_\_\_\_\_  Checking  Savings Other: \_\_\_\_\_



**Trade References** *Please list three companies from which you have purchased within the last three months.*

Company: \_\_\_\_\_ Account #: \_\_\_\_\_

Contact: \_\_\_\_\_ Years doing business: \_\_\_\_\_

Phone: \_\_\_\_\_ eMail: \_\_\_\_\_

Company: \_\_\_\_\_ Account #: \_\_\_\_\_

Contact: \_\_\_\_\_ Years doing business: \_\_\_\_\_

Phone: \_\_\_\_\_ eMail: \_\_\_\_\_

Company: \_\_\_\_\_ Account #: \_\_\_\_\_

Contact: \_\_\_\_\_ Years doing business: \_\_\_\_\_

Phone: \_\_\_\_\_ eMail: \_\_\_\_\_

**Dahle Expectations**

- Commit to proactively sell and market Novus Dahle products to new and existing customers
- Maintain the appropriate trained staff to sell and support Novus Dahle
- Actively work leads that are supplied by Novus Dahle and provide lead status
- Pay all invoices received from Dahle North America, Inc. within terms

**Authorization**

I hereby authorize the credit references listed above to release information on my account. To the best of my knowledge, the information stated above is correct and up to date. I hereby agree to pay all invoices within the terms stated and will be responsible for all cost incurred if my account should require collection procedures.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**For Office Use Only**

Sales Approval:  Yes  No Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sales Rep: \_\_\_\_\_ Territory: \_\_\_\_\_

Customer Type: \_\_\_\_\_

Dahle Discount: \_\_\_\_\_ More Space Discount: \_\_\_\_\_

Payment Method:  Check  Credit  EFT

Credit Limit: \_\_\_\_\_ Terms: \_\_\_\_\_

New Dealer Kit sent on: \_\_\_\_/\_\_\_\_/\_\_\_\_

