



DEALER APPLICATION

Business Name _____

Street Address _____

City / State / Zip _____

Phone Number _____ Fax Number _____

Contact Person _____ Title _____

Email _____ Website _____

Operating as: Proprietorship Partnership Corporation LLC

Number of years in business _____

Federal Tax ID Number _____

State Retail License Number _____

Type of Account Desired:

C.O.D.

Visa M-C Am Ex # _____

Exp date ____/____ Security code _____

Name as it appears on card _____

References:

Please list names and phone numbers of three Trade References (Parts or Tucker or WPS accounts if available) :

1) _____

2) _____

3) _____

Phone 678 534 1366 :: Fax 678 534 5793 :: www.BestemUSA.com

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