

DRR INC.

Dealer Profile & Application Form

Dealer Information

Dealer Name:	Date:
Dealer Address	Phone:
	Email:
	Fax:
Website Address	

Principal 1:	Principal 2:
Address:	Address:
Phone:	Phone:
Principal 3:	Principal 4:
Address:	Address:
Phone:	Phone:

Organization Structure:	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation
Federal Tax ID:	Year business established:		

Total Number of Employees:	Sales	Service	Parts
Approximate Square Footage Devoted to:	Sales	Service	Parts

Bank References:

Address:	Phone:
City, State, Zip:	Fax:
Contact:	Title:

CREDIT REFERENCES:

Address:	Address:
Phone:	Phone:
Contact:	Contact:

Please specify any other major product lines that you carry:

Distributor Principal Signature:	
Title:	Date:

DRR INC.

P.O.Box 875, BRUNSWICK OH 44212 330-220-3102 FAX 330-220-3204