



Dealer Application

2000 Mallory Lane Suite 130-190
Franklin, TN 37067
Phone: (800) 828-5901
Fax: (888) 705-2338

Please Write or Print Clearly

Contact Name: _____

Business Name: _____

Billing Address: _____

City: _____ State: _____ ZIP _____

Phone: _____ Fax: _____

E-mail Address: _____

Shipping Address: _____

City: _____ State: _____ ZIP _____

Check All Applicable Boxes:

Store (# _____) Field (# _____) Home-based Law/Military

Other _____

Website: _____

Business Type: Corporation Sole- Proprietor Partnership

Required Documents:

Business License Sales Tax Certificate Voided Co. Check

Owner Signature: _____ Date: _____

Partner Signature: _____ Date: _____

Please mail or fax this application with all required documentation. Once received, you will be assigned a login/password for accessing wholesale pricing information. Please contact us for pricing on large orders. We are accepting US and Canadian companies only at this time. Thank you.