



DEALER APPLICATION

DATE: _____

Thank you for choosing BoraGear! Please provide us with the following information and fax back to us at (972) 899-0555 or E-mail to Sales@BoraGear.com.

LEGAL BUSINESS NAME: _____

DBA: _____

BILL TO ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____ FAX: _____ E-MAIL: _____

SHIP TO ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____ FAX: _____ E-MAIL: _____

NATURE OF BUSINESS: _____

YEAR ESTABLISHED: _____ AT PRESENT LOCATION SINCE: _____

FORM OF BUSINESS: INCORPORATED: _____ PARTNERSHIP: _____ SOLE PROP: _____

FEDERAL ID#: _____ DUN& BRAD STREET REF#: _____

RESALE CERTIFICATE #: _____ (Please include copy of resale certificate)

AVERAGE MONTHLY PURCHASES: _____ ANNUAL SALES: _____

HOW DID YOU HEAR ABOUT US: CEPro ___ CEDIA ___ Search Engine ___ Other _____

COMPANY OFFICERS: PRESIDENT: _____

SALES MANAGER: _____

BUYER: _____

A/P MANAGER: _____

Authorized Signature _____ Title: _____ Date: _____

BoraGear

DEALER REFERENCES: (Please complete even if not requesting open account.)

1.) **NAME:** _____ **ACCT#** _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
CONTACT PERSON: _____ TEL: _____
FAX: _____

2.) **NAME:** _____ **ACCT#** _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
CONTACT PERSON: _____ TEL: _____
FAX: _____

3.) **NAME:** _____ **ACCT#** _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
CONTACT PERSON: _____ TEL: _____
FAX: _____