



DEALER APPLICATION

Legal Business Name: _____

Address: _____

Proprietor Name: _____

Telephone No: () _____

Fax No: () _____

Email Address: _____

Resale Certificate: Issuing State: _____ Number: _____

Tax ID: _____

Company Website: _____

Number of Employees: _____ Year in Business: _____

Annual Revenue: _____

Company Description: _____

****PLEASE FAX FORM BACK TO 909-595-6118 ATTN: DEPT 2183 OR EMAIL IT TO INFO@ASCTECHS.COM****

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