



DEALER APPLICATION

Legal Business Name: _____

DBA (Store Name): _____

Address: _____

Proprietor Name: _____

Telephone No: (____) _____

Fax No: (____) _____

Email: _____

Resale Certificate: Issuing State: _____ Number: _____

Tax ID: _____

Company Website: _____

Number of Employees: _____

Annual Revenue: _____

Company Description: _____

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