

DEAFWORKS®

P.O. Box 1265 - Provo, UT - 84603-1265

VOICE RELAY: 711 - TTY/TDD: (801) 465-1957 - FAX: (801) 465-1958

DEALER'S BUSINESS APPLICATION

DEALER'S INFORMATION:

COMPANY NAME: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SHIPPING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TTY/TDD: _____ FAX: _____ VOICE: _____

INTERNET HOME PAGE: _____ E-MAIL: _____

BUSINESS HOURS: _____ PST ___ MST ___ CST ___ EST ___

TYPE OF BUSINESS: _____ ESTABLISHED SINCE: _____

SOLE PROPRIETORSHIP: ___ PARTNERSHIP: ___ CORPORATION: ___

IF CORPORATION, INCORPORATED IN THE STATE OF: _____ YEAR: _____

NON-PROFIT: YES ___ NO ___ IF YES, NON-PROFIT FED ID#: _____

IF YES, ORGANIZATION NAME: _____

BUS. LICENSE #: _____ BUS. FED ID#: _____

RESALE TAX EXEMPT?: YES ___ NO ___ (If yes, attach a copy of tax certificate)

PRINCIPALS INFORMATION:

APPLICANT NAME: _____ TITLE: _____

RES. ADDRESS: _____ RES. PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

If applicant's title is not a President/Owner, please fill-in below:

PRESIDENT/OWNER NAME: _____

RES. ADDRESS: _____ RES. PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

OTHER INFORMATION:

A complete product line in your brochure, catalog, or flyer attached to this application would be greatly appreciated.