



NEW DEALER APPLICATION

Date: ___/___/___

Existing type of dealer (please check all applicable boxes)

Flatbed/utility trailers Horse trailers Recreational vehicles Marine Other

Business Name:

D/B/A:

Address: City: St.: Zip:

Phone #: Fax #: website:

Contact Name: Title: Cell #:

E-Mail Address:

Number of years in business: Present location is: Owned Leased

Approx. size of display area: How many years at this address?

Other locations? Yes No If yes, how many? Location:

How many employees? Any outside salesmen? Yes No

Do you have a service & parts department? Yes No

How did you hear about Air-tow trailers?

Key Contacts Names:

Buyer: Phone:

Sales Manger: Phone:

Accts Payable: Phone:

Service: Phone:

List trailer brand names that you are presently handling:

Do you have an existing truck lines or preferred method of shipping?

Your normal method of payment:

Billing address if different from above:

Shipping address if different from above:

Are you presently licensed to sell trailers in your state? Yes No License #:

Do you have a "Resale Certificate" Yes No Resale #:

Complete and fax to 909-392-4651 or scan and email to sales@airtow.com