

DEALER APPLICATION

		N	JEW	UPDATE
Company's Legal Name:				
DBA:	Date Business Sta	arted: In	which State:	
Type of Ownership:	_ Corporation:	Sole Proprietorsh	nip:	_ LLC:
If incorporated, State of Incorpora	ation:			
State Tax Resale Number:		from which St	ate:	
RESALE TAX CERTIFICATE M	UST BE ATTACHED TO YOUR APP	PLICATION		
Buyer's Name: First (required)	Las	st: (required)		
Business Address:				
City:	State:		Zip:	
Shipping Address:				
City:	State:		Zip:	
Phone #:		Fax #:		
Email Address:	Contact for Accoun	ts Payable:		
Store front? Yes No	- Website? Yes No	URL:		
What type of business? Who	lesale —— Retail <u> </u>	Installation Ec	ommerce:	Other:
OWNERSHIP INFORMATION:				
1) Title:				
First Name:	Middle:	La	st:	
Street Address:				
City:	State:		Zip:	
Phone #:	Soci	al Security # :		
Email Address:				

Email: info@marathonpro.com Fax: (213) 612 5814



OWNERSHIP INFORMATION (cont.): 2) Title: ____ First Name: ___ _____ Middle: _____ Last: _____ Street Address: ___ ______ State: ______ Zip: ______ ______ Social Security # : _____ Phone #: ___ Email Address: 3) Title: _____ First Name: ___ Street Address: City: ______ State: _____ Zip: _____ ______ Social Security # : _____ Phone #: ___ Email Address: _____ **Trade References:** Fax Name Address City & State Phone Buyer agrees to be bound by terms and conditions of sales set forth by MARATHON. A finance charge of 1.5% per month will be charged to past due accounts not paid with in terms plus any collection costs including attorney fees. I certify that all information on this application is true and accurate.

SIGNATURE

PRINT FULL NAME

Email: info@marathonpro.com Fax: (213) 612 5814

DATE