



Dealer Application

Dealer Information

Company Name: _____

Address: _____

Phone: _____ Fax: _____

Email Address for Acknowledgements: _____

Email Address for Invoices: _____

Years in business: _____ Tax ID # (TIN): _____

Credit Limit Preferred: _____ Payment Terms Preferred: _____

Bank Reference

Bank Name: _____

Address: _____

Account #: _____ Phone #: _____

Trade References

Company: _____ Phone: _____

Contact Name: _____

Address: _____

Phone: _____ Email Address: _____

Company: _____ Phone: _____

Contact Name: _____

Address: _____

Phone: _____ Email Address: _____

Company: _____ Phone: _____

Contact Name: _____

Address: _____

Phone: _____ Email Address: _____

Disclaimer and Signature

I certify that my answers are true and complete. I understand that by providing this information, it will be used to determine the amount and conditions of the credit being extended. Furthermore, I authorize the institutions referenced on this application to release necessary information to Collaborative Spaces for which credit is being applied for to verify the accuracy of the information provided.

Signature: _____ Date: _____