

# Dealer Application for HeaderShield™

Please email completed form inc. business license to [info@headershield.com](mailto:info@headershield.com) or fax to (413) 280-9041.



Business Name \_\_\_\_\_ Business Phone \_\_\_\_\_ FEIN | Sales Tax ID \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Shipping Address (if different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Bank Name \_\_\_\_\_ Bank Phone \_\_\_\_\_ Bank Official \_\_\_\_\_

Bank Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Checking Account Number \_\_\_\_\_ Account Manager or Branch Manager \_\_\_\_\_ Years held \_\_\_\_\_

Credit Card No. (Visa/MC/Disc) \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV \_\_\_\_\_

Type of business:    Proprietorship    Partnership    Corporation    Other \_\_\_\_\_

Owner(s) Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Years in Business: \_\_\_\_\_ # of Employees: \_\_\_\_\_ Previous Years' Total Sales: \$ \_\_\_\_\_

List Major Suppliers and complete the form below for one vendor you do the most business with:

\_\_\_\_\_

Company Name \_\_\_\_\_ Company Phone \_\_\_\_\_ Company Fax \_\_\_\_\_

Company Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Average Yearly Purchases: \$ \_\_\_\_\_ Years you have done business with this vendor: \_\_\_\_\_