

Dealer Application for HeaderShield™

Please email completed form inc. business license to support@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: _____