



4900 BLAFFER STREET  
HOUSTON, TX 77026  
PH: (832) 377-6110

NEW DEALER INFORMATION FORM

Legal Business Name: \_\_\_\_\_

DBA: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Buyers Name: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_

Sole Proprietor: \_\_\_\_\_ Corporation: \_\_\_\_\_ LLC: \_\_\_\_\_

Date Established \_\_\_\_\_ Years in Business \_\_\_\_\_

Names of Officers: \_\_\_\_\_

Sale Tax Exempt # \_\_\_\_\_

**\*\*Copy of certificate required\*\***

Trade references:

Supplier	Acct #	Address	City, State, Zip	Telephone #
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Supplier	Acct #	Address	City, State, Zip	Telephone #
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\_\_\_\_\_  
Signature of Company Officer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date