



SUPREME WESTERN PRODUCTS
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DEALER APPLICATION

BUSINESS NAME: _____
SHIPPING ADDRESS: _____
CITY, STATE, ZIP: _____

BILLING ADDRESS: _____
CITY, STATE, ZIP: _____

OWNER: _____ PHONE: _____
BUYER: _____ PHONE: _____
FAX#: _____ ACCOUNTS PAYABLE: _____
EMAIL: _____ A/P PHONE: _____
NEW BUSINESS: YES/NO _____ DATE ESTABLISHED: _____

ACCOUNT TYPE APPLYING FOR:

CREDIT CARD	C.O.D.	NET 30
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IF APPLYING FOR NET 30 TERMS PLEASE COMPLETE THE FOLLOWING INFORMATION.

TRADE REFERENCES WITH COMPLETE INFORMATION (do not list COD or Credit Card accounts as references).

#1 COMPANY NAME: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
PHONE: _____
FAX: _____
CONTACT: _____ ACCOUNT #: _____

#2 COMPANY NAME: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
PHONE: _____
FAX: _____
CONTACT: _____ ACCOUNT #: _____

#3 COMPANY NAME: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
PHONE: _____
FAX: _____
CONTACT: _____ ACCOUNT #: _____

SIGNATURE AND TITLE: _____ DATE: _____