



DEALER APPLICATION FORM

Date Sent: _____

Visit our Website at EuroEffects.net

Email this to info@euroeffects.net, Fax this form to (219)764.7490 or Mail to 2524 Portage Mall Unit 26 Portage, IN 46368

ENTITY INFORMATION

Legal First Name: _____ Middle Initial: _____ Last Name: _____

Company Name: _____

Address: _____

City: _____ State/Province: _____ Zip: _____

Country: _____

Phone: _____ Fax: _____ E-mail: _____

Tax ID Number: _____

Date Business Started: (mm/dd/yyyy) _____

Business Legal Type:

Corporation Limited Liability Company Limited Partnership Partnership Sole Propriorship

Business Type:

Retail Store Internet Retailer Distributor Installer (Products Installed on Premises)

Please list ALL E-Commerce Sites: _____

Authorized Buyer #1: _____ Authorized Buyer #2: _____

SHIPPING INFORMATION

Shipping Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Additional Comments: *(You can add any additional comments that may be of use for this application)*