

DEALER APPLICATION FORM

Business Information				
Company Legal Name:				
DBA:				
Business Address:				
Website:		Company Phone #:		
Email Address:		Direct Phone # or Mobile Phone #:		
Type of Business (Corporation, Partnership, Sole Proprietorship, LLC. If Other, please specify):				
Years in Business:				
Federal Tax ID#:				
Resale #:				
California Resale #:				
Which types of products are	e you interested in?:			



What is your estimated purchasing volume per month?				
What is your estimated purchasing volume per year?				
Payment Methods				
 We accept the following payment methods Prepay by Credit Card (at time of checkout) Prepay by PayPal (at time of checkout) PayPal Pay Later (at time of checkout) NET 30 Terms (Only via ACH or Bank Wire) Please note: If you are approved for NET 30 terms, and you select this option when placing the order, payment will only be accepted by ACH or Bank Wire. If you select NET 30, we will need to wait until your trade references reply, before terms are approved. 				
Desired Payment Terms (Please specify from the options above):				
ACH is our preferred payment method for NET 30 Terms. Can you pay using ACH?:				
If your company is unable to pay by ACH, please specify the payment method:				
Please provide 3 business trade references				
	Company Name	Email Address	Phone #	
Reference 1:				
Reference 2:				
Reference 3:				



	Bank Reference
Bank Name:	
Account #:	
Address:	
Telephone #	
Solutions Inc. The betrue and co	plication will serve as a binding agreement between the Applicant and View The above information is for the purpose of obtaining credit and is warranted to rrect. I/we hereby authorize View Solutions Inc. to investigate the reference(s) ur credit and financial responsibility.
SIGNATURE MI	UST BE EXECUTED IN ORDER TO PROCESS THE APPLICATION.
Signature:	
Print Name:	
Title:	
Date:	

Please email this completed Dealer Application Form and your Company's W9 to sales@viewsolutionsinc.com