

DEALER APPLICATION FORM

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

Business General Information

Company Legal Name:		DBA:			
Tel:		Mobile Phone:		Fax:	
Address:					
Email:		Website:		Years in Business:	
Type of Business:	Corporation	Partnership	Sole Proprietorship	LLC	Other
Federal Tax ID#:		Resale#:		CA Resale#:	

Terms (Please select one): Net 30 COD Prepaid

Payment Method: (Please select one): Credit Card Check

What is your estimated purchasing volume?

Per Month: _____ **Per Year:** _____

What types of products are you interested in?

Bank Reference

Bank Name:	Acct#:	Tel: Fax:
Address:		

Business Trade References

Company:	Acct#	Tel:	Fax:
Company:	Acct#	Tel:	Fax:
Company:	Acct#	Tel:	Fax:

This Dealer Application will serve as a binding agreement between the Applicant and View Solutions Inc. The above information is for the purpose of obtaining credit and is warranted to be true and correct. I/we hereby authorize View Solutions Inc. to investigate the reference(s) listed to my/our credit and financial responsibility.

SIGNATURE MUST BE EXECUTED IN ORDER TO PROCESS APPLICATION.

Signed By:

Print Name:

Title:

Date: