

# Automated Outlet Incorporated

## DEALER APPLICATION

### Company Information

Legal Business Name _____	Today's Date _____
D.B.A. _____	Date Established _____
Sole Proprietorship _ Partnership _ LLC _ Corporation _	Date Incorporated _____
Ship To/Street Address _____	Suite # _____
City _____ State _____ Zip _____	Business _ or Residential _
Billing Address (if different than Ship To) _____	Suite # _____
City _____ State _____ Zip _____	Phone Number _____
Email _____	Fax _____ Website _____
Owner/Officer's Name _____	Home Address _____
City _____ State _____ Zip _____	Home Phone Number _____
Driver License # _____	ST _____
What is your primary business? _____	License Number (if any) _____
What do you plan on purchasing from Automated Outlet? _____	
How did you hear about Automated Outlet? _____	Estimated Annual Sales _____
Who else do you purchase from? _____	

### Tax/Purchasing Information

Is tax to be collected with each purchase? _____	Federal ID# _____		
Sales Tax Permit (Please attach copy) # _____	State _____ DUNS # _____		
Purchasing Agent _____	Phone _____ Email _____		
AP Contact _____	Phone _____ Email _____		
Authorized Purchasers:			
Purchaser's Name	Title	Web Access	Email
_____	_____	-	_____
_____	_____	-	_____
_____	_____	-	_____
Are Purchase Orders required? Yes _ No _	Packing slip to show pricing? Yes _ No _		

### Credit Card Authorization \*REQUIRED UNLESS APPLYING FOR TERMS

I hereby authorize Automated Outlet, Inc. to keep on file and charge my			
Visa	# _____	Exp.	_____
MasterCard	# _____	Exp.	_____
Discover	# _____	Exp.	_____
American Express #	_____	Exp.	_____
Cardholder Name:	_____	Date	_____
Authorized Signature	_____		