

## Dealer Application

*Return Completed Forms to:*  
**National Imports LLC**  
 1934 Old Gallows Road  
 Suite 350  
 Vienna, VA 22182  
 Fax: 703.480.0277  
 Email: sales@nationalimports.com

Account Number: \_\_\_\_\_

Reviewed By: \_\_\_\_\_

Reviewed Date: \_\_\_\_\_

For Office Use Only

Company Information

Company Name \_\_\_\_\_

Billing Address \_\_\_\_\_

City/State \_\_\_\_\_

Ship To Address \_\_\_\_\_

City/State \_\_\_\_\_

Owner/Officer \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

A/P Contact \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

How Long in Business \_\_\_\_\_

Annual Sales Volume \_\_\_\_\_

Form of Organization \_\_\_\_\_

Sole Proprietor

Partnership

Corporation

Type of Business \_\_\_\_\_

Distributor/Wholesaler

Retailer

Nature of Business \_\_\_\_\_

Federal EIN \_\_\_\_\_

DUNS Number \_\_\_\_\_

Sales Tax Number \_\_\_\_\_

Preferred Account Status

Pre-Paid (Check/Credit Card)

Open Account (Net-30)

For an Open Account (Net-30) Please Complete the Following

Bank Reference

Bank Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

City/State \_\_\_\_\_

Open Account References

Trade References (At Least Three) Be Sure to Include Fax #'s and/or Email

Company Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Account Number \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Company Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Account Number \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Company Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Account Number \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_