



DEALER APPLICATION

Business Name: _____

DBA: _____ ID Number: _____

Business Billing Address

Street: _____

City: _____ State: _____ ZIP: _____

Telephone: _____ Fax: _____

E-mail address: _____

Website: _____

Shipping Address (if different from above)

Street: _____

City: _____ State: _____ ZIP: _____

Telephone: _____ Fax: _____

Individual

Partnership

Corporation

Years In Business: _____ Owner's Name: _____

Owner Social Security Number: _____

Manager of Accounts Payable: _____

Amount of Credit Desired: _____

What kinds of products do you carry currently?

What kinds of Rollac products are you most interested in?

How did you hear about us?

Would you like to apply for credit?

Yes

No

By submitting this application, you have read and agree to the terms and conditions set forth by Rollac Shutter of Texas, Inc. which are available online at www.rollac.com or via mail by request.

