



www.TRUREV.com
Authorized Dealer Application

Fax to (954) 587-1926

Business Name
Address
City/State/Zip
Contact Person
Email (Primary Contact)
Web Site
Phone Fax

Number of Years in Business
Operating As Proprietorship Partnership Corporation
Name of Owner
Federal I.D. or Social Security # (if applicable)
State Business License Number (if applicable)
State Resale License Number (if applicable)

Please List below the company name and address of three (3) trade references

Name Account Number Phone
Name Account Number Phone
Name Account Number Phone

PLEASE INCLUDE ALL REQUIRED DOCUMENTS, IF NOT APPROVAL OF YOUR APPLICATION MAY BE DELAYED.
For fastest approval, please print or type clearly. A copy of both the business and resale license must be included with the Application (Foreign reseller may not be applicable).

I certify that the information above is completed fully and correctly

Signature: Date

Office Use Only: Approved: By: Date: