

# Moorehead Communications, Inc.

P.O. Box 1870 • 2509 W. Second St. • Marion, IN 46952  
Phone (765) 651-2001 • Fax (765) 651-2010

## Confidential Dealer Application

### General Information:

Date \_\_\_\_\_

*Please print or type*

Business Name \_\_\_\_\_ # Years in Business \_\_\_\_\_

Doing Business As \_\_\_\_\_

Name of Owner/Principal \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Phone \_\_\_\_\_

Fax \_\_\_\_\_ Email Address \_\_\_\_\_

Annual Sales \_\_\_\_\_ Number of Locations \_\_\_\_\_

Type of Business \_\_\_\_\_ Date Business Established \_\_\_\_\_

Tax ID# \_\_\_\_\_ State of Incorporation \_\_\_\_\_

### Bank Reference

Bank Name/Branch \_\_\_\_\_ Bank Contact \_\_\_\_\_

Bank Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

### Type of Business:

Check One: ( ) Corporation ( ) Partnership ( ) Sole Owner ( ) LLC

### Trade References (3 references are required)

Firm Name	Contact	City/State	Phone	Account #

### Principals/Owners/Partners

Full Name	Title	Address	City/State/Zip	SS#	DOB

### BANK AND TRADE CREDIT INFORMATION RELEASE AUTHORIZATION

The undersigned hereby authorizes Moorehead Communications, Inc. to gather and use from time to time every and all financial and/or credit information relating to the undersigned that can be obtained from any source, including but not limited to banks, trade associations and creditors.

Signature of Customer's Officer \_\_\_\_\_ Name \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

**Fax to 765-673-2575**