

DARK HORSE DISTRIBUTION, INC.

P. O. BOX 535, VENICE, CA 90294-0535
 PH. (310) 822-4567 FAX (310) 822-1015

dba:

Dealer Application



Company Name:		Today's Date		Year Established:	
DBA:					
Mailing Address:		City	state	Zip	
Shipping Address:		City	State	Zip	
Phone:		Fax:	E-mail Address		
Type of Business			Federal Tax I.D. No:		
Est. Annual Sales					
# Employees		Please check one: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation			
List shop locations:					
Officers: President		Vice President		Treasurer	
Financial-Person(s) to Contact:				Title:	
Purchasing-Person(s) to Contact:				Title:	
Owner's Name:		Date of Birth:		Social Security Number	
Address:		City	State	Zip	
Phone:					
Name of Bank		Account No.		Contact	
Name of Bank:					
Address:		City	State	Zip	Phone:
1) Trade Reference:					Contact:
Address:		City	State	Zip	Phone:
2) Trade Reference:					Contact:
Address:		City	State	Zip	Phone:
3) Trade Reference:					Contact:
Address:		City	State	Zip	Phone:
4) Trade Reference:					Contact:
Address:		City	State	Zip	Phone:

PLEASE ATTACH A COPY OF YOUR LATEST FINANCIAL STATEMENTS, IF AVAILABLE. THIS WILL ASSURE PROMPT PROCESSING OF YOUR APPLICATION.

The above named company ("company") hereby grants permission to Dark Horse Distribution, Inc. to verify the above information, and further agrees to all of the Purchase Terms and conditions set forth on the reverse side of this application. By my signature below, I confirm that I am duly authorized to bind the company to all of those terms and conditions, that all of the information in this application is complete and correct, and that the company has the necessary financial ability and willingness to pay for all goods hereafter purchased from Dark Horse Distribution, Inc. promptly and in accordance with all of these terms and conditions.

Signature: _____ Title: _____ Date: _____