

# KOUBALINK DEALER APPLICATION

**CHECK ONE:**  Corporation  Partnership  Individual Proprietorship

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

Street Address \_\_\_\_\_

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

Business Phone ( ) \_\_\_\_\_ Dealer License No. \_\_\_\_\_

Fax Number ( ) \_\_\_\_\_ Seller Tax Permit No. \_\_\_\_\_

Person(s) Authorized to Order \_\_\_\_\_

Owner \_\_\_\_\_ Brand(s) Sold \_\_\_\_\_

Number of Years in Business \_\_\_\_\_

## BANK REFERENCE

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

Street Address \_\_\_\_\_

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

Phone ( ) \_\_\_\_\_ Business Account No. \_\_\_\_\_

Name in Which Account is Listed \_\_\_\_\_

## TRADE REFERENCES

1. Company Name \_\_\_\_\_

Street Address \_\_\_\_\_

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

Phone ( ) \_\_\_\_\_ Dealer No. \_\_\_\_\_

2. Company Name \_\_\_\_\_

Street Address \_\_\_\_\_

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

Phone ( ) \_\_\_\_\_ Dealer No. \_\_\_\_\_

3. Company Name \_\_\_\_\_

Street Address \_\_\_\_\_

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

Phone ( ) \_\_\_\_\_ Dealer No. \_\_\_\_\_

**RETURN THIS FORM TO:**



5550 West State St • Boise, Idaho 83703 • Ph: 208.853.5550 • Fax: 208.853.1602

**Dealer Approval Pending Verification of the Above Information**