



DEALER APPLICATION FORM

We must receive all of the following items below from your company to qualify for dealer pricing. If any of the items below are missing, your application won't be processed. So please make sure everything is there before faxing this back or mailing it in.

1. A completed dealer application form
2. Your resale tax number
3. Wisconsin dealers must fill out a resale tax form or they will be charged sales tax until the form is received.
4. A picture of your place of business or a copy of your company's yellow page ad
5. A copy of your letterhead or business card

Date _____

Phone Number _____ Fax Number _____

Legal Firm Name _____

Doing Business As (DBA) _____

Street Address _____

City _____ State _____ Zip _____

Web Address _____ E-mail Address _____

(Circle One) Sole Proprietorship Yes / No Partnership Yes / No Corporation Yes / No

(State Incorporated in _____) Resale Tax ID# _____

Name of Owners, Partners, Shareholders Home Phone

1. _____

2. _____

Are you an authorized dealer for a major manufacturer (Husqvarna, Stihl, Echo, etc.)? Yes / No

If yes, what brands? _____



DEALER APPLICATION FORM (cont.)

Is a purchase number required? Yes _____ No _____

Back Orders: Cancel all back orders _____ Keep back order for 30 days _____

Please list 3 companies you are currently set-up as a dealer and doing business with:

1: Name _____

Street Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Type Of Account *(Circle One)* Open / C.O.D.

2: Name _____

Street Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Type Of Account *(Circle One)* Open / C.O.D.

3: Name _____

Street Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Type Of Account *(Circle One)* Open / C.O.D.

----- *Continuing Guarantee* -----

The undersigned _____ *(print name)* hereby guarantees payment of all money due and owing to TOP SAW TOOL LLC by _____ *(print company name)* for purchases already made or to be made in the future from TOP SAW TOOL LLC and agrees that guarantor will pay the full amount owed to TOP SAW TOOL LLC in the event that _____ *(company name)* does not pay the amount owed when due.

Owner or Officer _____ Date _____

Feel free to call 715.356.0125 with any questions!