

PO BOX 198  
HURON, SD 57350



PH#. 888-443-3639  
FAX. 605-352-4899

**DISTRIBUTING CO., INC.**

**DEALER APPLICATION FORM**

DATE: \_\_\_\_\_

Complete-Official Business Name \_\_\_\_\_

County Located In \_\_\_\_\_

Mailing Address \_\_\_\_\_

If Corp., Which State Incorporated \_\_\_\_\_

Shipping Address \_\_\_\_\_

Year Started Business: \_\_\_\_\_

Year Incorporated: \_\_\_\_\_

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

Annual Sales Volume: \$US \_\_\_\_\_

Business Telephone Number \_\_\_\_\_

Sales Tax Number: \_\_\_\_\_

Check One:            Proprietorship ( )            Corporation ( )            Partnership ( )

If Corporation List Officer:

**President**  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_

**Vice Pres.**  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_

**Sec. Tres.**  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_

if Partnership List Owners:

**Name**  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_

**Name**  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_

**Name**  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_

Bank Reference and Address

Complete-Official Bank Name \_\_\_\_\_

Name At Bank To Contact \_\_\_\_\_

Bank Address \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

**Three Active Trade References**

Name of Company _____	
Address _____	
Telephone No.: _____	Fax #: _____

Name of Company _____	
Address _____	
Telephone No.: _____	Fax #: _____

Name of Company _____	
Address _____	
Telephone No.: _____	Fax #: _____

Did You Use Purchase Order Numbers? \_\_\_\_\_

Name of Person Placing Orders: \_\_\_\_\_

Name of Bookkeeper: \_\_\_\_\_

\_\_\_\_\_  
**Authorized Dealer Signature**

**WAREHOUSES AT:**

1895 Highway 14 East  
P.O. Box 198 • Huron, SD 57350

8485 215th Street West  
Lakeville, MN 55044

1230 43rd Street NW  
Fargo, ND 58102

2571 West Wisconsin  
Portage, WI 53901