



DISTRIBUTING CO., INC.

DEALER APPLICATION

Edney Distributing Co. Inc. • Phone: 888-44-EDNEY • Fax: 952.469.5269

DATE: _____

COMPLETE OFFICIAL BUSINESS NAME:

MAILING ADDRESS:

SHIPPING ADDRESS:

CITY, STATE, ZIP:

BUSINESS PHONE NUMBER:

EMAIL ADDRESS:

FAX NUMBER:

COUNTY:

IF INCORPORATED, IN WHICH STATE:

YEAR STARTED BUSINESS:

YEARS INCORPORATED:

D&B (IF APPLICABLE):

ANNUAL SALES VOLUME:

SALES TAX # (PLEASE ATTACH COPY OF RESALE EXEMPTION CERT.):

FEDERAL TAX ID:

CHECK ONE: PROPRIETORSHIP CORPORATION PARTNERSHIP LLC

LIST OFFICERS/PARTNERS/MEMBERS/OWNERS

PRESIDENT:

ADDRESS:

CITY, STATE, ZIP:

PHONE:

VICE PRESIDENT:

ADDRESS:

CITY, STATE, ZIP:

PHONE:

SECRETARY TREASURER:

ADDRESS:

CITY, STATE, ZIP:

PHONE:

NAME:

ADDRESS:

CITY, STATE, ZIP:

PHONE:

NAME:

ADDRESS:

CITY, STATE, ZIP:

PHONE:

NAME:

ADDRESS:

CITY, STATE, ZIP:

PHONE:

BANK REFERENCE AND ADDRESS

COMPLETE OFFICIAL BANK NAME:

BANK ADDRESS:

CITY: STATE: ZIP:

NAME AT BANK TO CONTACT:

PHONE NUMBER:

THREE ACTIVE TRADE REFERENCES

NAME OF COMPANY:

ADDRESS:

CITY: STATE: ZIP:

PHONE:

FAX (MUST HAVE):

EMAIL:

NAME OF COMPANY:

ADDRESS:

CITY: STATE: ZIP:

PHONE:

FAX (MUST HAVE):

EMAIL:

NAME OF COMPANY:

ADDRESS:

CITY: STATE: ZIP:

PHONE:

FAX (MUST HAVE):

EMAIL:

DO YOU USE PURCHASE ORDER NUMBERS?

YES NO

ACCOUNTING CONTACT:

EMAIL ADDRESS OF ACCOUNTING CONTACT:

HOW WOULD YOU LIKE TO RECEIVE YOUR INVOICES/STATEMENTS?
 EMAIL FAX MAIL

IF EMAIL OR FAX CHECKED ABOVE, PREFERRED ADDRESS/NUMBER:

NAME OF PERSON PLACING ORDERS:

EMAIL ADDRESS OF PERSON PLACING ORDERS:

X _____
AUTHORIZED DEALER SIGNATURE