



# RESEARCH GROUP THREE INCORPORATED DEALER APPLICATION FORM

---

Directions:

Fill this form out **completely**. Your application may be delayed or even denied if all the requested information is not included.

Provide all signatures requested.

Payment terms for all new accounts are C.O.D., check, cash or certified check

Include a copy of the following:

- a) Current local business license.
- b) Sales tax permit and resale registration card.
- c) Business card and current business telephone listing.

1) Legal business name \_\_\_\_\_ Date: \_\_\_\_\_

2) Shop Name \_\_\_\_\_

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

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

3) Billing Address (if different than the above) \_\_\_\_\_

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

4) Business Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

5) Date Business Started \_\_\_\_\_

6) Who will do the buying? \_\_\_\_\_

7) Days and hours of operation \_\_\_\_\_ Payment Pref.: C.O.D. [  ] Credit Card [  ]

8) Name of principle shareholder \_\_\_\_\_ Credit Card #: \_\_\_\_\_

Street Address \_\_\_\_\_ Name on Card: \_\_\_\_\_

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

9) If more than one name is listed above, are you operating as?:

Sole Proprietorship     Partnership     Corporation

Federal I.D. number \_\_\_\_\_ or Owner's SS number \_\_\_\_\_

10) Which of the following describes your business? Check all that apply.

11) Franchise dealer \_\_\_\_\_ Brand(s) \_\_\_\_\_

Accessories     Repairs     Other \_\_\_\_\_

12) Are you currently purchasing parts from other distributors? \_\_\_\_\_

13) List three as references:

Name:

Phone:

Contact:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do 14) you significantly discount off retail pricing? \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

(Must be owner, partner or corporate officer)