



POWER FOR PORTABLE PRODUCTS



Dealer Program Application

Please fill out completely and return via facsimile to 401.738.8695

1) Applicant

Applicant Name: _____	Other Trade Name: _____
Contact: _____	Other Decision Maker: _____
Phone: _____	Fax: _____
Mailing Address: _____	Billing Address: _____
City/State: _____	(if different from Mailing) _____
Zip: _____ Country: _____	Zip: _____ Country: _____
Website: _____	Email: _____

2) Bank References

Bank Name: _____	Account Manager.: _____
Street Address: _____	Telephone: _____
City/State/Zip: _____	Fax: _____
Account No: _____	Loan No.: _____

3) Trade References

Contact Name: _____	Tel: _____
Contact Organization: _____	
Contact Name: _____	Tel: _____
Contact Organization: _____	
Contact Name: _____	Tel: _____
Contact Organization: _____	

4) Company Information

No. of Years in Business _____

Nature of Company (Please Check One)

Public Subsidiary of: _____ Large Private Company

Small Private Company Partnership Sole Proprietor

Were you rated by Dun and Bradstreet?

No. Yes, Rating: _____ Duns No.: _____

