RI ~ FAB

# Dealer Application

**Premium Suspension Products**

## Applicant Information

| | |
|---|---|
| **Business Name:** | DBA: |
| **Business Address:** | **State:** **Zip code:** |
| **EIN Number:** | |

Business Phone: _____ **Email address** _____

Owner Name _____ Owner Phone _____ Years in business _____

List any other brands you are a dealer for:

_____

Company website:

_____

## Trade References

*Please list three professional references.*

Full Name: _____ Email: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Email: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Email: _____

Company: _____ Phone: _____

Address: _____

Please sign and date here. Also please include a copy of your business or resale license. By signing this application you, (signer) and the company purchasing are agreeing to all of RI-FAB listed terms and conditions on the website.

| | |
|---|---|
| Owner's signature: | Date: |