

# **AERO TEC LABORATORIES**

## **APPLICATION FOR DEALER/OEM STATUS**

Gentlemen:

Thank you for expressing an interest in distributing ATL products. In order to protect our present accounts and to qualify you as a distributor/OEM, we would appreciate your cooperation in answering all the following questions.

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ e-mail \_\_\_\_\_

Website Address: \_\_\_\_\_

Check One:            Corporation            Partnership            Proprietorship

Federal Tax ID #: \_\_\_\_\_ State Resale #: \_\_\_\_\_

**Please attach a W-9 Form**

**Please attach a copy of Resale Certificate**

Owner (s) and Title (s): \_\_\_\_\_

Date Business was started: \_\_\_\_\_

Estimated value of inventory: \$ \_\_\_\_\_ Total sales during last 12 months: \$ \_\_\_\_\_

Approximate size of building: \_\_\_\_\_

**Please attach a photo of building**

Bank Name and Address: \_\_\_\_\_

Bank Contact and Telephone: \_\_\_\_\_

### **LIST BELOW MAJOR PRODUCT LINES YOU HANDLE WITH CONTACT INFORMATION:**

Mfg / Supplier Name: \_\_\_\_\_

Address: \_\_\_\_\_ Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mfg / Supplier Name: \_\_\_\_\_

Address: \_\_\_\_\_ Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mfg / Supplier Name: \_\_\_\_\_

Address: \_\_\_\_\_ Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Primary sales area: (Check One)    Aircraft    Auto Racing    Power Boats    Other Vehicles    Industrial    Defense

Primary interest in ATL products: (Check One)    Volume Warehouse Sales    OEM    Retail Sales    Team or Business

If you have an excellent credit rating, and you are interested in an "open account" please request our credit app. form #OF-128.

**Thank You,  
ATL**