

# Formotion Products Inc. - Dealer Application (Fax: 415-331-0440)

Company Name / DBA

Address City State Zip

Phone Fax Business Hours

( ) ( )

If DBA: Parent Company

Address City State Zip

## Ownership information (list all principals)

Check one:  Corporation  Partnership  Sole Ownership

Name Phone

( )

Address City State Zip

Name Phone

( )

Address City State Zip

Tax Payer ID# Resale Number

Type of Business Number years of business

## Bank References

Company Bank Branch Phone

( )

Address City State Zip

Checking Account Number Savings Account Number

## Trade References (Please provide three, including fax#)

1. Company Name Phone Fax (required)

( )

( )

Address City State Zip

2. Company Name Phone Fax (required)

( )

( )

Address City State Zip

3. Company Name Phone Fax (required)

( )

( )

Address City State Zip