



DEALER APPLICATION

This form is to establish a wholesale account with G & G Fiberglass. To establish credit, ask to apply.

1) COMPANY PROFILE:

Legal Business Name _____ Trade Name (DBA) _____
Billing Address _____ City _____ State _____ Zip _____
Phone Number _____ Fax Number _____
Accounting Contact _____ Accounting Email _____
Shipping Address _____ City _____ State _____ Zip _____
Federal Tax ID # _____ Resale # _____

2) OWNERSHIP INFORMATION:

Sole Proprietorship Partnership LLC Corporation Year Established by Current Owner _____
Principle/Officer's Name _____ Email _____
Home Address _____ City _____ State _____ Zip _____
Home Phone _____ Other Phone _____
Social Security # _____ Driver's Lic # _____ State _____

3) BUSINESS TYPE:

4) TRADE SUPPLIERS:

1.-Company Name _____
Billing Address _____ City _____ State _____ Zip _____

2.-Company Name _____
Billing Address _____ City _____ State _____ Zip _____

3.-Company Name _____

Billing Address _____ City _____ State _____ Zip _____

5) PAYMENT INFORMATION:

Requested Payment Method : COD Certified Funds Terms
 Credit Card (Mastercard/Visa) COD Company Check

6) BANK INFORMATION:

Please complete the Bank Information below.

Company Bank Name _____
Address _____ City _____ State _____ Zip _____
Phone Number _____ Contact Person _____
Type of Account _____ Account Number _____

Above signatures authorize G & G Fiberglass to obtain information from your business bank (if bank information above has been completed) and confirms that all above information is correct. Please forward this application to G & G Fiberglass or fax the completed forms along with a copy of your resale license to (325) 853-4133. If you wish to charge your purchases, when you call in your order, simply provide your credit card information and it will be stored in your encrypted confidential file. **To ensure wholesale status, a picture of your store front and/or your local yellow pages ad or other public advertisement will expedite this application.**

_____ PRINTED NAME of authorized agent	_____ Title	_____ SIGNATURE of authorized agent	_____ Date
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289 Hwy 277 South P O Box 758 • Eldorado • TX • 76936 CALL (325) 650-9559 FAX (325) 853-4133 www.ggfiberglass.com