

## DESERT ROSE STONE DISTRIBUTORS – DEALER APPLICATION

Business Name and Address			
Company Name:		Yrs in Business:	
Billing Address:			
City:		State:	ZIP:
Phone:	Fax:	Federal Tax ID Number:	
Billing Manager Name:		Phone:	E-mail:
Shipping Address:			
City:		State:	ZIP:
BUSINESS OWNERSHIP INFORMATION			
Type of Ownership:    Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/>			
Owner/Principal 1 Name:		Title:	
Home Address:			
City:		State:	ZIP:
Phone:	E-mail:	Soc. Sec. #:	
Owner/Principal 2 Name:		Title:	
Home Address:			
City:		State:	ZIP:
Phone:	E-mail:	Soc. Sec. #:	
BUSINESS CREDIT INFORMATION			
Business Bank Name:			
Bank address:		Phone:	
City:		State:	ZIP:
Type of account	Account number		
Savings			
Checking			
Other			
Trade References:			
Company name:			
Address:			
City:		State:	ZIP:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP:
Phone:	Fax:	E-mail:	
Type of account:			
AGREEMENT			
<ol style="list-style-type: none"> <li>1. All invoices are to be paid 30 days from the date of the invoice.</li> <li>2. Claims arising from invoices must be made within seven working days.</li> <li>3. By submitting this application, you authorize Desert Rose Stone Distributors to make inquiries into the banking and business/trade references that you have supplied.</li> </ol>			
SIGNATURES			
Title:		Title:	
Date:		Date:	