

DEALER APPLICATION

General Information



Business Name:		
Owner(s) Name(s):		
Mailing Address:		
City:	State:	ZIP:
Telephone #:	Fax #:	
Website:		
E-mail:		
Federal ID or SSN:	Date business was founded:	
Business Type: <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship		
The location of the business is: <input type="checkbox"/> Owner <input type="checkbox"/> Leased <input type="checkbox"/> Rented How long at present address: _____		
If you rent/lease your business location, please provide the property owner's name: _____		
Business/Occupation: _____ How long in business or occupation? _____ PLEASE ATTACH ANOTHER SHEET FOR ADDITIONAL OWNERS, PARTNERS, OFFICERS, ETC.		

License & Tax Certificate

If yes, Dealers' license #:	Do you currently have a sales tax certificate?? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please attach a copy of both the Dealers' License and Sales Tax Certificate to this application.	
we the undersigned, hereby certify everything stated on this application is true to the best of my/our knowledge.	Date:

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