

For Office Use Only:

Acct.# \_\_\_\_\_ SR \_\_\_\_\_

TM \_\_\_\_\_ CT \_\_\_\_\_

PL \_\_\_\_\_ CL \_\_\_\_\_



MAVERIK LACROSSE 535 W 24TH ST. 5TH FLOOR NEW YORK NY 10011-1140 P:866.628.5297 F:516.213.3092

**DEALER APPLICATION**

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

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

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

Years In Business: \_\_\_\_\_

Number of Locations: \_\_\_\_\_

(If Different From Above)

Ship to address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**Type Of Business**

Retail: \_\_\_\_\_ Team Dealer: \_\_\_\_\_

**Type of Location**

Retail/Store Front: \_\_\_\_\_ Office/Warehouse: \_\_\_\_\_ Home: \_\_\_\_\_

Main Contact of Buyer: \_\_\_\_\_ Owner: \_\_\_\_\_

**Who Do You Sell To**

The Public: \_\_\_\_\_ Corporate Accounts: \_\_\_\_\_ Teams & Schools: \_\_\_\_\_

**Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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**DISTRIBUTOR CREDIT APPLICATION**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Name of Firm (if a branch or subsidiary, name parent organization) email address web page

Complete Address (including zip codes)

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Tax ID#: \_\_\_\_\_

Date business began under this name \_\_\_\_\_ Approx. Monthly Credit Desire \$ \_\_\_\_\_

What type of business (Please check) ( ) Corporation ( ) Partnership ( ) Sole Owner

Information on principals of business:

Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Bank Name & Address: \_\_\_\_\_

Trade References: (complete addresses & zip codes.) List fax numbers if available.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

.....  
CURRENT FINANCIAL STATEMENT MUST ACCOMPANY THIS APPLICATION  
.....  
PLEASE READ AND SIGN BELOW  
.....

Estimated Annual Sales: \$ \_\_\_\_\_ Sales Area: \_\_\_\_\_

Has the firm or any of its principals ever been bankrupt? ( ) Yes ( ) No

I HEREBY AUTHORIZE OUR BANK (S) TO RELEASE INFORMATION NECESSARY IN ESTABLISHING A LINE OR CREDIT WITH MAVERIK LACROSSE, LLC.

Authorized by: \_\_\_\_\_ Title: \_\_\_\_\_

Bank Account Numbers: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_  
Name of Company "Applicant" Name of Authorized Agent (Please Sign) Date