

# NEW DEALER APPLICATION



Dear Prospective Customer;

We are always happy to accept new dealer applications from qualified retailers and would like to thank you in advance for your interest. To establish an account with us you need to be an industry related manufacturer or have a retail storefront selling classic vehicles, part, accessories or related services.

Please complete all information listed below. Providing incomplete information may slow down your application. All information will be held in the strictest confidence. And we won't sell or release your information to anyone without your prior written consent.

Please note that we also require faxed or mailed copies of the following documents to complete our account review:

1. Copy of your state sales tax certificate or resale certificate.
2. Copy of business license.
3. Copy of proof of liability insurance for your business
4. Completed and signed application. We will also need the signatures of all owners of the business in appropriately marked spaces.

You can either fax (909-931-0883) or mail your application and the above materials to us.

*We will set up payment terms based upon the form of credit requested, as well as a review of your bank and credit information/references.*

**WALTON FABRICATION**  
 Attention: *New Dealer Accounts*  
 1933 West 11th St., Unit H, Upland, CA 91786  
 Phone: 909-931-9548  
 Fax: 909-931-0883  
 Web: www.waltonfabrication.com  
 Email: waltonfab@msn.com

PLEASE PRINT ALL INFORMATION - INCOMPLETE INFORMATION WILL DELAY YOUR APPLICATION

<b>Business Name</b>					
<b>Federal ID/Business License #</b>			<b>Resale Certificate #</b>		
<b>Billing Address:</b> Street			<b>Shipping Address</b> ( <input type="checkbox"/> Check if Same as Billing) Street		
City	State	Zip	City	State	Zip
Phone (    )	Fax (    )		Phone (    )	Fax (    )	
Website	Country		Website	Country	
Contact	Email		Contact	Email	
<b>Type of Company:</b> (Check One) <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC					
<b>Type of Account Desired:</b> <input type="checkbox"/> C.O.D Certified Check <input type="checkbox"/> C.O.D. Company Check <input type="checkbox"/> Credit Card					
<input type="checkbox"/> Open Account - Requested Credit Limit: \$ _____ <input type="checkbox"/> Prepay <input type="checkbox"/> Wire Transfer					
<b>Tell Us About Your Store:</b> How Long Have You Been in Business?					
Size of Store: _____ sq. feet		# of Locations: (Check One) <input type="checkbox"/> 1 <input type="checkbox"/> 2-4 <input type="checkbox"/> 5-10 <input type="checkbox"/> Over 10			
What are your most popular products/services?					
What other major product lines do you carry?					
<b>Owner(s) Information:</b>					
OWNER #1:					
Name		Position/Title			
Home Address			Home Phone (    )		
Driver's License #		State	S.S. #		
<b>Trade References:</b> (Please Provide at Least 3 Trade References with Whom You Have Established a Business Relationship)					
	<u>Company</u>	<u>Account #</u>	<u>Address</u>	<u>Phone</u>	<u>Contact</u>
1)					
2)					
3)					
<b>Banking Information:</b>					
Bank Name		Type of Account		Account #	
Address		Phone (    )		Contact	
<b>Liability Insurance Policy:</b> Carrier				Policy Number	
By signing below, you represent that the above information is true and correct. I/We authorize specified trade, bank and credit references to release any credit information on our firm to Walton Fabrication as needed to process this application. In addition, I/We also authorize Walton Fabrication to inquire about our business with credit reporting agencies. Furthermore, once an account is established, all owner(s) agree to personally guarantee payment for any/all outstanding payables from the applicant due to Walton Fabrication.					
Authorized Signature		Title		Date	