



DEALER APPLICATION

COMPANY INFORMATION

COMPANY NAME: _____
CONTACT PERSON: _____
STREET ADDRESS: _____
CITY, STATE & ZIP: _____
PHONE: (____) _____
FAX: (____) _____
EMAIL ADDRESS: _____
HOW DID YOU HEAR ABOUT US? _____
NUMBER OF YEARS IN BUSINESS: _____

OWNER INFORMATION

OWNER NAME(S): _____
HOME ADDRESS: _____
CITY, STATE & ZIP: _____
PHONE: (____) _____
FAX: (____) _____

TRADE REFERENCES

COMPANY NAME: _____
DEALER NUMBER: _____
COMPANY NAME: _____
DEALER NUMBER: _____



BANK REFERENCES

BANK NAME: _____
PHONE: _____
CONTACT PERSON: _____

PLEASE ATTACH THE FOLLOWING:

- 1) COPY OF YOUR BUSINESS LICENSE
- 2) COPY OF YOUR RESALE CERTIFICATE/CARD (IF USED)
- 3) COPY OF YELLOW PAGE LISTING OR BUSINESS CARD

SIGNATURE: _____ DATE: _____

**THANK YOU FOR YOUR INTEREST IN BECOMING
AN AUTHORIZED MRI DEALER.**