



79434 550th Avenue, Jackson, MN 56143 • Phone: 507-847-4111 • Fax: 507-847-2331

Dealer Application

Applicant Name(s): _____

Company Name: _____

SS# or Fed. ID #: _____

State ID #: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Alt. Phone: _____

Fax #: _____ Email: _____

Type of Business: _____

How Long in Business: _____

Key Products Sold: _____

Do you have a showroom? Yes No

Do you have Sales Professionals? Yes No Number: _____

Territory (zip code) for Dealership: _____

Signature of Applicant: _____ Date: ____/____/____