

DEALER APPLICATION

Your Business

Legal Name: _____ Owner/Manager: _____
Trade Name: _____ Phone: _____
Mailing Address—Street or PO Box: _____ Fax: _____
City/State or Prov./Zip or Postal: _____
Federal Tax ID #: _____ State Resale #: _____
Desired Payment Terms: Prepaid Net 30 IF NET 30, DESIRED CREDIT LIMIT: \$15K \$20K \$25K \$30K
Email (FOR LEXINGTON HEARTH COMMUNICATIONS): _____
Email: Accts. Payable: _____

Shipping

Shipping Address (IF DIFFERENT FROM ABOVE)
Street: _____
City/State or Prov./Zip or Postal: _____
Does your location have a loading dock? _____
If you wish to arrange freight, please provide the following:
Shipping Service: _____ Account #: _____

Website Information (Dealer Locator)

Business Name: _____
Street Address: _____
City/State or Prov./Zip or Postal: _____
Phone: _____
Email: _____
Website: _____