



1140 Hubbard Rd  
Youngstown, OH 44505  
PH: 330-746-6533  
Toll Free: 1-800-321-0403  
Fax: 330-746-6536

8262 Zionsville Road  
Indianapolis, IN 46278  
PH: 317-228-9930  
Toll Free: 1-888-899-8383  
Fax: 317-228-9945

## NEW DEALER APPLICATION

Thank you for your interest in becoming a valued Dorrance Supply partner!

We strive to provide our partners with the best service in the industry. Our primary focus is your success and profitability.

Please complete the form below.

This is an editable PDF form. You may type your information in the blue boxes.

Upon completion, press "Save & Submit via Email".

If you prefer to fax or scan your application, press "Save & Print". Fax your completed applications to (330) 746-6536.

This application may also be printed and handwritten.

Please Tell us about your Company:

What distributors are you currently buying from? \_\_\_\_\_

How many years has your company been in business \_\_\_\_\_ Years \_\_\_\_\_ Months

Do you have a showroom and / or store front? \_\_\_\_\_ No \_\_\_\_\_ Yes

Do you offer custom installation services \_\_\_\_\_ No \_\_\_\_\_ Yes

How would you describe your business? Please check all that apply:

TV/Appliance Retailer

Custom Electronics Retailer

Residential Custom Integrator

Commercial Integrator

Security Integrator

Electrical Contractor

Appliance Only Retailer

Other \_\_\_\_\_


What is your Estimated Annual Sales Volume? Less than \$250K \_\_\_\_\_ \$250-500K \_\_\_\_\_ \$500-750K \_\_\_\_\_ Over \$750K \_\_\_\_\_

Do you Floor Plan? NO YES

Finance Company: \_\_\_\_\_ Phone# \_\_\_\_\_

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

\_\_\_\_\_

Which Buying Groups are you a member of: \_\_\_\_\_



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**ALL APPLICANTS COMPLETE THIS SECTION**

Date: \_\_\_\_\_

Legal Name: \_\_\_\_\_

DBA: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(If Different) City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Shipping Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Business Phone #: \_\_\_\_\_

Business Fax #: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_

Primary Contact Cell #: \_\_\_\_\_

Primary Contact Email: \_\_\_\_\_

Billing Email: (if different) \_\_\_\_\_

Buyer Email: (if different) \_\_\_\_\_

Type of Business: \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Proprietorship

If a Corporation, Federal ID Number: \_\_\_\_\_

Sales Tax Exempt Number: \_\_\_\_\_

Partner's, Owner's or Officer's Name(s):

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

Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

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

Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_



## CREDIT APPLICATION

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**COMPANY NAME:** \_\_\_\_\_

### CREDIT CARD ACCOUNT APPLICANTS COMPLETE THIS SECTION

#### Credit Card Information

Cards accepted - Visa - MasterCard - Discover

Card Type: \_\_\_\_\_

Card #: \_\_\_\_\_

3 Digit Code: \_\_\_\_\_

Expiration: \_\_\_\_\_

Name On Card: \_\_\_\_\_

List of Authorized Users: \_\_\_\_\_

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

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

The undersigned authorizes Dorrance Supply Company to use the credit card information provided herein as payment for orders and associated fees, (i.e. freight charges). Any changes to the above must be submitted in writing to Dorrance Supply Company with confirmation of receipt.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_



## BANK INFORMATION REQUEST FORM

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### COD And Open Account Applicants Complete This Section

*\*This form must be completed to process your request for open account or COD paid via*

Dealer Name:	_____		
Address:	_____		
	City: _____	State: _____	Zip: _____
Contact Person:	_____		
Bank Name:	_____	Contact:	_____
Address:	_____		
	City: _____	State: _____	Zip: _____
Phone #	_____	Fax #	_____
Checking Accounts #	_____		
Savings Account#	_____		
I authorize Dorrance Supply Company to obtain my current credit standing with the bank listed above.			
Please accept my signature as authorization to provide Dorrance Supply Company with this information.			
Signature:	_____		
Title:	_____		
Date:	_____		

### Bank Use Only

*The business owner/officer above has provided your name as the primary bank holding their accounts. They are interested in opening an account with our company. The information you provide will be helpful in our decision to extend them a line of credit. They have provided us with signed authorization to access this information. We appreciate your response - Dorrance Supply*

#### Checking Account Information

Date Opened: \_\_\_\_\_  
Average Balance: \_\_\_\_\_  
NSF: \_\_\_\_\_  
Returned Checks: \_\_\_\_\_  
Comments: \_\_\_\_\_

#### Savings Account Information

Date Opened: \_\_\_\_\_  
Average Balance: \_\_\_\_\_  
NSF: \_\_\_\_\_  
Returned Checks: \_\_\_\_\_  
Comments: \_\_\_\_\_

## CREDIT REFERENCES

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### OPEN ACCOUNT APPLICANTS COMPLETE THIS SECTION

Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Account # \_\_\_\_\_  
 Phone# \_\_\_\_\_ Fax# \_\_\_\_\_  
 Line of Credit: \_\_\_\_\_

Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Account # \_\_\_\_\_  
 Phone# \_\_\_\_\_ Fax# \_\_\_\_\_  
 Line of Credit: \_\_\_\_\_

Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Account # \_\_\_\_\_  
 Phone# \_\_\_\_\_ Fax# \_\_\_\_\_  
 Line of Credit: \_\_\_\_\_

### Guarantee of Payment

In consideration of credit being extended by Dorrance Supply Company to the applicant named below for merchandise to be purchased weather applicant be an individual or individuals, a partnership, a corporation or other entity, the undersigned guarantor or guarantors each hereby contract and guarantee to Dorrance Supply Company, the faithful payment, when due, of all accounts of said applicant for the purchases made within one year after the date of this application The undersigned guarantor or guarantors of dishonor of default by applicant or with respect to any security held by Dorrance Supply Company extension of time of payment to applicant , acceptance of partial payment or partial compromise, all other notices to which the undersigned guarantor or guarantors might otherwise be entitled and demand for payment under this guarantee. Absent written permission by creditor, this personal guarantee may not be revoked.

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Print Name \_\_\_\_\_  
 Social Security # \_\_\_\_\_



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## Website Access Request Form

Please complete this form for access to the Dorrance Supply Company Dealer Portal - [www.dorrancesupply.com](http://www.dorrancesupply.com)

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

\_\_\_\_\_

First & Last Name: \_\_\_\_\_

Desired Password: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Additional Users

Please list any additional users that need access to the Dorrance Supply Company Dealer Portal.

First & Last Name: \_\_\_\_\_

Desired Password: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

First & Last Name: \_\_\_\_\_

Desired Password: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Dorrance Supply Internal Information

Dorrance Supply will provide a username.

Username: \_\_\_\_\_