



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.

Company Name: _____

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: _____

Floor Plan Account Number? _____

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

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

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

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: _____