

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: _____