



AUTHORIZED  DEALER

The following pages plus a Resale Certificate and W-9 are to be faxed to LutzCo at (503) 828-9829.

APPLICANT INFORMATION

| | |
|-----------------|--|
| Business Name | |
| Primary Contact | |
| Street Address | |
| City/State/Zip | |
| Telephone | |
| Fax | |
| E-mail Address | |
| TAX ID No | |

Please check box

Corporation Partnership Proprietorship LLC

| | |
|----------------------|--|
| State of Corporation | |
| Incorporation Date | |

Business Location

Please check box

Home Office

As a principal, partner or company have you filed for bankruptcy within the last 10 years?

YES NO

| | |
|---------|--|
| ASI No | |
| PPAI No | |

ACCOUNTS PAYABLE INFORMATION

| | |
|---------|--|
| Contact | |
| Phone | |
| FAX | |
| Email | |

(The copy sent via fax/e-mail will be the only copy sent, please pay from that invoice)

PAYMENT INFORMATION

Request terms of Net 30

Pay by Credit Card (next page) – selecting this method is pre-authorizing us to charge upon shipping



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VISA, MASTERCARD or AMEX – *processed upon shipment, you will receive a paid invoice*



| | |
|--------------------|--|
| Credit Card Number | |
| Expiration Date | |
| CID Code | |
| Name on Card | |
| Address | |

SHIPPING

If you would like us to use your own freight account, please provide shipping account #

FEDEX

Account #

UPS

Account #

| | |
|-------|--|
| SIGN | |
| PRINT | |
| TITLE | |
| DATE | |