



Advanced Safety Devices, LLC
 9140 Jordan Avenue
 Chatsworth, CA 91304
 Tel: 818.701.9200
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DEALER'S APPLICATION

Fax to the Attention of: Sales Manager

*Company name: _____
 *Tax ID#: _____ Title: _____
 Owner's name (if not PUB.): _____
 * Driver license: _____ *SSN#: _____
 *Street: _____
 *City: _____
 *State: _____ *Zip: _____
 *Phone #: () _____ Fax #: () _____
 *Email address: _____
 *Company website: _____

*Purchasing contact: _____
 * A/P Contact: _____
 Phone #: () _____ Fax #: () _____
 Date business was established: _____
 D & B #: _____
Company Type:
 *Corporation () Sole Proprietor () Other ()
*Sales Channel:
 Retail () Export () Online sales () Wholesale ()
 Sales Tax #: Attach a copy of your Sales Tax Certificate

TRADE CREDIT REFERENCES

Years in This business _____
 Number of branches: _____ Number of employees: _____
 How many years in this location: _____
 Do you hold inventory? _____

What other products are you selling?

Your other supplier: _____
 Tel: () _____ Fax: () _____
 Purchase volume: _____ Contact: _____
 Street: _____
 City: _____ State: _____ Zip: _____

Your other supplier: _____
 Tel: () _____ Fax: () _____
 Purchase volume: _____ Contact: _____
 Street: _____
 City: _____ State: _____ Zip: _____

I hereby authorize you to verify the information I have furnished as above.

 SIGNATURE OF APPLICANT

 (PRINT NAME)

 DATE