

EASY RIDER CAMPERSKY LITE TRAILER DEALER APPLICATION

Dealer Legal Name:	
Mailing Address:	
City, State, Zip	
Shipping Address:	
City, State, Zip	
Phone Number:	
Fax Number:	
Is this dealership a full service facility? (service, parts)	
Do you pay cash or floor plan?	
If floor planned, which company?	
Website:	
Transportation:	
Federal I.D.:	
Sales Tax I.D.#	

CONTACT INFORMATION

General Manager:	Cell Phone	Email	
Contact Person:	Cell Phone	Email	

OWNERSHIP INFORMATION

Individual, Corporation Type or Partnership	Cell Phone	SS#	
Owner, President	Home #		

BANKING INFORMATION

Home Address			
City, State, Zip			
BANKING INFORMATION			
Bank Name		Phone #	
Bank Address			
City, State, Zip			
Account Number			
Current Major Supplier References:			
Name:		Phone #	
Address:			
City, State, Zip		Phone #	
Address:			
City, State, Zip			

I authorize the above references (including banking) to release information of Sky Lite Trailer in order to determine an open account.
Please attach a legible copy of your sales tax exemption certification!

Fax back to 574-206-2879 or Email to RickCobbSky1@aol.com

I have read and agree to abide by the terms of the Sky Lite Trailer requirements:

Authorized Signature:	Title:
Date:	