



DEALER APPLICATION

(Check One)	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> SOLE PROPRIETOR	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> CORPORATION State/Province _____ Incorporated _____	<input type="checkbox"/> LLC State/Province _____ Incorporated _____	<input type="checkbox"/> LLP State/Province _____ Incorporated _____
FULL COMPANY NAME / OR INDIVIDUAL NAME OR BUYER NAME ("CUSTOMER")						
ADDRESS - STREET NO. AND STREET NAME CITY STATE ZIP CODE						
SHIPPING ADDRESS - STREET NO. AND STREET NAME CITY STATE ZIP CODE						
PHONE NUMBER: FEDERAL TAX ID: SALES TAX ID:						
CELL NUMBER: FAX NUMBER:						
EMAIL ADDRESS WEBSITE ADDRESS						
PRODUCTS SOLD (docks, lifts, canopies, accessories, etc)						
YEARS IN BUSINESS						

PRINCIPALS OF COMPANY

NAME TITLE	OWNERSHIP %
HOME ADDRESS CITY STATE ZIP CODE EMAIL ADDRESS PHONE NUMBER	
NAME TITLE	OWNERSHIP %
HOME ADDRESS CITY STATE ZIP CODE EMAIL ADDRESS PHONE NUMBER	

DEALER AGREEMENT: By signing this dealer application, the dealer agrees to collect sales tax from its customers and send a copy of all sales tax numbers used in conducting business selling US Dock and Canopy products. Dealer understands that this application is not for credit. The dealer understands that US Dock and Canopy can terminate sales to any dealer at any time. US Dock and Canopy will extend credit after 3 months of continued business if requested. US Dock and Canopy accepts E-Check, paper check, VISA, MasterCard, and PayPal for payment.

PRINCIPAL SIGNATURES *(Signature of each Principal Required)*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Scan and forward completed application to [mattg@patriotdocks.com](mailto:mattg@patriotdocks.com)**

PO Box 157 | 6141 Stark Rd | Harris, Minnesota 55032

Phone: (651)674-2450 | FAX (651)368-7904

[www.patriotdocks.com](http://www.patriotdocks.com)