

# CarLot Distributor Application

*We can have you set up in our system in less than 1 Hour*

## APPLICATION FOR WHOLESALE ACCOUNT

### Business Information

Name of Business \_\_\_\_\_

Type of Business \_\_\_\_\_

Name of Owner(s) \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### Contact Information

Primary Contact \_\_\_\_\_ Position \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Email \_\_\_\_\_

Alternate Contact \_\_\_\_\_ Position \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Email \_\_\_\_\_

Persons Authorized to submit order \_\_\_\_\_

### Shipping Information

Ship to \_\_\_\_\_

Shipping Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### Billing Information

**Primary Card:** \_\_\_\_\_ Visa \_\_\_\_\_ Master Card \_\_\_\_\_ American Express \_\_\_\_\_ Discover \_\_\_\_\_

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name as appears on Card \_\_\_\_\_

Card Verification Number (3 digit on the back of VISA/MASTER , 4 Digit in the front for AE) \_\_\_\_\_

Billing Address if different from Business address:

Shipping Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Preparer \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please enclose a copy of business license or resale permit in addition to this form.**