

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.