



## New Dealer Application

**Business Name:** \_\_\_\_\_

**Primary Contact Name:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Tax ID#:** \_\_\_\_\_

**Please attach tax exempt form.**

**Billing Address:**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Shipping Address:** *if different than Billing Address*

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Shipping Account Number & Carrier (if applicable):**

\_\_\_\_\_

**Description of Business:** *please provide a brief overview of your business, including but not limited to current product assortment, online presence, and what you're hoping to bring in from Didax.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature:** \_\_\_\_\_

*Please note this New Didax Dealer Application does not ensure a dealer account or dealer pricing with Didax, Inc. and must be approved by management.*