



GALE BANKS ENGINEERING
 546 DUGGAN AVENUE
 AZUSA, CALIFORNIA 91702
 PH 626|969.9600
 bankspower.com

Dealer Information Form

Business name (DBA): _____ Date: _____

Name of Parent Company (if subsidiary): _____

Street address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____ E-mail: _____

At present location since (date): _____ Year established: _____ Number of employees: _____

Business location is: Owned Rented Business is: Partnership Sole proprietorship Corporation

If partnership or sole proprietorship, driver's license no.: _____ State: _____ Social security no.: _____

Federal identification no.: _____ Duns no.: _____

Authorized purchasing agents: **1.** _____

2. _____

3. _____

Do you use purchase orders? Yes No Are they required for vendor payments? Yes No N/A

Accounts payable contact: _____

Contact phone: () _____ Contact fax: () _____

PARTNERSHIP – General Partners

| Name: | Residence: | % ownership: |
|-------|------------|--------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

SOLE PROPRIETORSHIP

Sole owner's name: _____

Residence address: _____

CORPORATION – Company Officers

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

REFERENCES

Please provide four(4) references with at least three(3) of which you buy from on open account.

1. Name of company: _____ Phone: () _____
 Contact: _____ Fax: () _____

2. Name of company: _____ Phone: () _____
 Contact: _____ Fax: () _____

3. Name of company: _____ Phone: () _____
 Contact: _____ Fax: () _____

4. Name of company: _____ Phone: () _____
 Contact: _____ Fax: () _____

BANK REFERENCE

Bank Name: _____ Phone: () _____
 Street Address: _____ Fax: () _____
 City: _____ State: _____ Zip: _____
 Bank representative's name: _____ Direct phone: () _____
 (if any)
 Account Number: _____

The following must be completed for dealer approval:

1. Send copies of state and/or city licenses.

2. Is the business in the state of California? Yes No
 (If yes, please complete and return the enclosed resale card, unless previously submitted.)
 California Corp. no.: _____ Reseller's permit no. (CA only): _____

3. Check the appropriate type(s) of business:
 Diesel truck Gas truck Auto turbos Auto engines Motorhomes Other _____
 Do you have a waiting area? Yes No

4. Do you install for trucks? Yes No Do you have a truck hoist? Yes No
 Do you install for motorhomes? Yes No Do you have a motorhome hoist? Yes No

5. Hourly labor rate: \$ _____ /hr.

The applicant's signature attests to the financial responsibility and that the information and statements contained in this application are true and complete and are made for the purpose of inducing Gale Banks Engineering to extend credit. Applicant authorizes Gale Banks Engineering to obtain credit and financial information concerning the applicant at any time and from any source. The undersigned further agrees that all sales shall be subject to the terms and conditions established by Gale Banks Engineering from time to time.

PRINT NAME/TITLE

SIGNATURE