



# PERMA • CRETE®

A  
Division  
of Quality  
Systems, Inc.

## DEALER APPLICATION

DATE \_\_\_\_\_

COMPANY NAME \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ COUNTRY \_\_\_\_\_ ZIP CODE \_\_\_\_\_ PHONE NO. \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

TYPE OF BUSINESS  CORPORATION  PARTNERSHIP  INDIVIDUAL  OTHER

NO. YEARS ESTABLISHED \_\_\_\_\_

BUS. FED. I.D. # \_\_\_\_\_

IF A BRANCH OFFICE OR A DIVISION GIVE NAME OF PARENT COMPANY AND HOME OFFICE



OWNER SOC. SEC. # \_\_\_\_\_

FAX # \_\_\_\_\_

CREDIT CARD # \_\_\_\_\_

### PRINCIPAL OWNERS - STOCKHOLDERS - PARTNERS - OFFICERS OF COMPANY

NAME	HOME ADDRESS	CITY, STATE, ZIP	PHONE NO.	TITLE

### LIST PERSONS AUTHORIZED BY YOUR COMPANY TO MAKE PURCHASES

1. \_\_\_\_\_ 2. \_\_\_\_\_

### TRADE REFERENCES

COMPANY NAME	ADDRESS	CITY	STATE
1. _____			
2. _____			
3. _____			

### CUSTOMER REFERENCES

COMPANY NAME	ADDRESS	CITY	STATE
1. _____			
2. _____			
3. _____			

### BANK REFERENCES

BANK NAME	CITY	STATE	CONTACT
1. _____			
2. _____			

SIGNATURE OF APPLICANT AUTHORIZING CREDIT REPORT: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_