

## DEALER APPLICATION

*For complete instruction on how to complete this form, please view pg.3 or call CCI at 1-800-KEY-PADS (1-800-529-7237).*

Application Date:

Company Name: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

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

Web Site: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact's Name: \_\_\_\_\_

Fax #: \_\_\_\_\_

Contact's Email: \_\_\_\_\_

## COMPANY PROFILE:

Number of years/months in Mobility business: Yrs \_\_\_\_\_ Mos \_\_\_\_\_

Year of Incorporation: \_\_\_\_\_

State of Incorporation: \_\_\_\_\_

Total number of employees: \_\_\_\_\_

Resale Number: \_\_\_\_\_

Number of technicians: \_\_\_\_\_

QAP Status: \_\_\_\_\_

Number of salespeople: \_\_\_\_\_

NMEDA Member (check for Yes)

### Work and Showroom area:

Square footage of installation area: \_\_\_\_\_

Square footage of showroom area: \_\_\_\_\_

Number of service bays: \_\_\_\_\_

Do you have welding equipment

### Estimated business by product line:

Product: \_\_\_\_\_

Share (%) \_\_\_\_\_

Product: \_\_\_\_\_

Share (%) \_\_\_\_\_

Product: \_\_\_\_\_

Share (%) \_\_\_\_\_

**Return this *completed form* (2 pgs) to CCI and include:**

1. A list of certified technicians and authorized purchasers.
2. A copy of the company's liability insurance certificate.

### FOR OFFICE USE ONLY

CCI Dealer #

Terms:

### CREDIT APPLICATION:

Owner's Name: _____ Company Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Country: <u>United States</u>	Billing Contact: _____ Billing Dpt Phone: _____ Billing Dpt Fax: _____ Billing Dpt Email: _____ Website: _____ Tax ID#: _____
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### BUSINESS REFERENCES:

CONTACT 1	CONTACT 2
Contact Person: _____ Company: _____ Address: _____ Apt./Ste.: _____ City, State, Zip: _____ Country: _____ Phone: _____   Fax: _____ Years Established: _____	Contact Person: _____ Company: _____ Address: _____ Apt./Ste.: _____ City, State, Zip: _____ Country: _____ Phone: _____   Fax: _____ Years Established: _____
CONTACT 3	CONTACT 4
Contact Person: _____ Company: _____ Address: _____ Apt./Ste.: _____ City, State, Zip: _____ Country: _____ Phone: _____   Fax: _____ Years Established: _____	Contact Person: _____ Company: _____ Address: _____ Apt./Ste.: _____ City, State, Zip: _____ Country: _____ Phone: _____   Fax: _____ Years Established: _____

### BANK REFERENCES:

BANK 1	BANK 2
Contact: _____ Bank: _____ Address: _____ City, State, Zip: _____ Country: _____ Phone: _____ Email: _____	Contact: _____ Bank: _____ Address: _____ City, State, Zip: _____ Country: _____ Phone: _____ Email: _____

### SIGNATURE / DATE

Signed By: _____	Date: _____
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