

DEALERSHIP APPLICATION



To apply for a dealership with our company please:

- (1) Print a copy of this form.
- (2) Provide a copy of your business license/ state tax certificate. (by mail or fax)

FAX: 937-376-8052

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This application is for: (check one)

Rasps & Farrier products Laminate Files Industrial Files Chainsaw Files

Business

Name _____

Name of Owner(s)

Name of contact person

Street address

City

State

Zip

Shipping address (if different from billing address) City State Zip

(____) _____ (____) _____

Business Phone

Fax Number

e-mail address

Store Hours

Date Business Started

Number of Locations

State Tax I.D. #

Please circle yes or no in response to the following:

We have been an established retail business for at least one year.	Yes	No
We keep regular store hours with sales clerks available at all times .	Yes	No
Our business phone is answered in the business name.	Yes	No
Our checking account is in the business name	Yes	No
We have a store front (subject to verification).	Yes	No

We have a product display area (subject to verification).	Yes	No
We are set up to ship UPS and other similar parcel services.	Yes	No
We operate delivery trucks/ trailers	Yes	No

Please note the following:

We are interested in serving retail establishments who keep our full line of products in stock.

Prices and conditions are subject to change without notice....

INDUSTRY TRADE CREDIT REFERENCES:

Business Name: _____

Address: _____

Phone: _____ **Fax:** _____

Business Name: _____

Address: _____

Phone: _____ **Fax:** _____

Business Name: _____

Address: _____

Phone: _____ **Fax:** _____

Please allow a minimum of 90 days for processing.

Mail application information to:

**Save Edge Dealership Review Board
360 West Church Street
Xenia, OH 45385**