



## Dealer Application

Please fill out this application in its entirety. For items that are not relevant, write "n/a". All information will be kept confidential.

Name of Alloy LED Sales Representative: \_\_\_\_\_

### Business Information

Business Name: \_\_\_\_\_ In Business Since: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Email: \_\_\_\_\_

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

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

Billing Address: _____	Shipping Address: _____
_____	_____
_____	_____
_____	_____

Business Type (required)  Electrical Distributor  Other (please specify) \_\_\_\_\_  
 Showroom

### Business Contacts

#### Accounts Payable (required)

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

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

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

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

#### Shipping (optional)

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

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

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

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

#### Order Confirmation (optional)

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

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

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

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

#### Marketing (optional)

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

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

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

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

**Credit Information (Required)**

D&B Number: _____	Bank Name: _____
Fed. Tax ID: _____	Bank Address: _____
State Resale License #: _____	_____
Annual Sales: _____	Bank Contact & Phone: _____

**\* Please attach a copy of your state resale license.**

**Business/Trade References (Required) - Attach additional sheets if necessary**

Company: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Company: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
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 Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Attachments**

Please include a copy of your Business License and your Reseller License with this completed form. Return to Alloy LED, LLC by email, fax or mail to:

Alloy LED, LLC  
 Attn: Accounting Dept.  
 6121 Vallejo St.  
 Emeryville, CA 94608

TEL: 800.910.LEDS (5337)  
 FAX: 510.338.6185  
 Email: accounting@alloyled.com

The applicant states that all information contained in this application is true and correct. Applicant authorizes Alloy LED, LLC to contact the above references, inquire as to credit information, and receive any confidential information relevant to approving credit. Being in possession of this application is not to be construed as a promise to be able to purchase Alloy LED, LLC products directly.

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

Title: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_