

DEALER INFORMATION

CO. NAME _____

OWNER NAME _____ PHONE _____

OWNER ADDRESS _____

CITY _____ ST. _____ ZIP _____

COMPANY ADDRESS _____

CITY _____ ST. _____ ZIP _____

BILLING ADDRESS _____

PHONE _____ FAX _____

TYPE OF BUSINESS _____

DATE STARTED _____ TAX ID# _____

ACCTS PAYABLE CONTACT _____

BANK NAME _____ ACCT# _____

ADDRESS _____ PHONE _____

CITY _____ ST _____ ZIP _____

TRADE REFERENCES	PHONE	FAX
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1. _____	_____	_____
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2. _____	_____	_____
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3. _____	_____	_____
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FAX TO 1-229-528-6967 OR MAIL TO

DOC'S
7138 HWY 319 N
OMEGA, GA 31775

